

REC'D OCT 18 1940
91

Registration District No. 91

Primary Registration District No. 5656

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Moscow Mills Mo
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 25 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Moscow Mills
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ALBERT LEROY BALLOWAY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 20 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Man

11. Industry or business _____

MOTHER FATHER { 12. Name Littleton Balloway

13. Birthplace Troy Mo
(City, town, or county) (State or foreign country)

14. Maiden name Larsh Jane Thornhill

15. Birthplace Troy Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Buelah Balloway

(b) Address Moscow Mills Mo

17. (a) Burial (b) Date thereof Sept 29, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thornhill Cem.

18. (a) Signature of funeral director W. Wayne McBay

(b) Address Troy Missouri

19. (a) Sept 29 (b) Mrs Pearl Bueh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1940 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from June
1938, to Sept 1940
that I last saw him alive on 9-26-40 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Jaw

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. B. Harris (M. D. or other)

Address Troy Mo Date signed 9-29-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wayne Mc Coy

Licensed Embalmer No. *358A*

P. O. Address *Tray Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.