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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 14 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Do H S Miller  
22135  
State File No.

Registration District No. 235 Primary Registration District No. 5720 Registrar's No. 10-1

1. PLACE OF DEATH: Macon  
(a) County  
(b) ~~City or town~~ Narrows Twp Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 miles south of Macon # 36 Highway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED: 61  
(a) State Missouri (b) County Macon 0  
(c) City or town Narrows Twp. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles south of Macon # 36  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Larry Howard Balin  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 14  
year 1941 hour 2:45 minute 2 M.  
21. I hereby certify that I attended the deceased from June 13  
1941 to June 14 1941  
that I last saw him alive on June 14 1941  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, single  
7. Birth date of deceased: Dec 17 - 1940  
(Month) (Day) (Year)

Immediate cause of death: Baillay's Oesophary 36hr.

8. AGE: Years \_\_\_\_\_ Months 5 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None (Include pregnancy within 3 months of death)

9. Birthplace Macon Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Murl Balin  
13. Birthplace Macon Co MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Bladys Dixon  
15. Birthplace Macon Co MO  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Murl Balin  
(b) Address R R Exceles Mo  
17. (a) burial (b) Date thereof June 16 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

18. (a) Signature of funeral director Delbert Skinner  
(b) Address Macon Mo  
19. (a) July 1, 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

478  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Larry Howard Balin (M. D. or other) \_\_\_\_\_  
Address Macon Mo Date signed July 4, 1941

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1270

Date Filed JUL 10 1941

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 *George R. Hule*

Licensed Embalmer No. 41066

P. O. Address *W. M. H. H. H.*

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, fact should be so stated above.