No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2493

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

9
2
5

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours, (Specify whether
In this community 34 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49
(a) State Missouri (b) County Jasper 2
(c) City or town Joplin Mo; 5
(If outside city or town limits, write "RURAL")
(d) Street No. 721 Ohio St; 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Lucy Balling
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem. 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gus Balling
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 25, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	6	10	hr. min.

9. Birthplace Aurora Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name J. M. WILKES 7
13. Birthplace no record 7
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine R. Hilton 7
15. Birthplace no record. 7
(City, town, or county) (State or foreign country)
16. (a) Informant Catherine Michie.
(b) Address Duncan Okla;
17. (a) Removal (b) Date thereof Jan. 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Cem. Oplis Kansas.
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 1-6-42 (b) Ed D James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1942 hour 4:45 minute P M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw alive on Did not see her alive 19
and that death occurred on the date and hour stated above.

Immediate cause of death Burns received when clothing caught fire from open gas stove
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 181-1
Of autopsy 15

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) Accident
(b) Date of occurrence Jan. 4. 42
(c) Where did injury occur? Joplin (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home
(Specify type of place)
While at work? (e) Means of injury 3
23. Signature R. H. Webster (M. D. or Coroner)
Address Carthage Mo Date signed Jan 5 42

(Licensed Embalmer's Statement on Reverse Side)

12-1-52

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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, fact should be so stated above.