

AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25080

State File No.

Registrar's No.

293

Registration District No.

Primary Registration District No. 4436

1. PLACE OF DEATH:

(a) County Halls
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1926 Owens Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Maggie Bell Ballenger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Millard L. Ballenger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 10, 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Coleman Stours Winn
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Addie Emily Haynie
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mariam Swenson
(b) Address 1926 Owens Avenue

17. (a) Burial (b) Date thereof 8/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley
18. (a) Signature of funeral director Wm. M. Smith

(b) Address Hannibal Missouri

19. (a) 8-3-42 (b) R. S. Berkling
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Halls
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1926 Owens
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1942 hour 6:00 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from July 25
1942 to Aug. 2 1942
that I last saw her alive on Aug. 2 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast
Duration 2 years

Due to _____

Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) none
(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)
(c) Means of injury _____

23. Signature E. R. Motley M.D. (M. D. or other)
Address Hannibal Mo Date signed 8-3-42

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

JAN 16 1945

RECEIVED

District Health Officer No. 10

District File Number 8-42-1512

Date Filed AUG - 7 1942

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 *James A. Moler*
Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.