

Registration District No. 43

Primary Registration District No. 5142

Registrar's No. 307

1. PLACE OF DEATH
(a) County Butler
(b) City or town Rural, Neelyville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 3/4 miles S. E. of Neelyville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler
(c) City or town Rural - Neelyville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MELVIN WASHINGTON BALORD
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 20
year 1942 hour 1 minute 17 M.

4. Sex male 5. Color or race colored
6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 27 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
3 26 _____ hr. _____ min.
9. Birthplace Neelyville Mo
(City, town, or county) (State or foreign country)

Immediate cause of death
Cholera Infantum
from drinking of
contaminated water
Due to _____
Due to med. att.

10. Usual occupation _____
11. Industry or business _____
12. Name Mrs. Balord
13. Birthplace Hayti Mo
(City, town, or county) (State or foreign country)
14. Maiden name Washing Washington
15. Birthplace Hayti Mo
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 119a
Of operations _____
Of autopsy _____

16. (a) Informant R. Washington
(b) Address Neelyville Mo
17. (a) Rural (b) Date thereof Sept 20 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Neelyville Cem.
18. (a) Signature of funeral director Minnie Bush
(b) Address Hayti Mo
19. (a) 9-21-42 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

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. F. Farr (M. D. or other) _____
Address Neelyville Date signed Sept 20

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

12
0

12

92

RECEIVED

District Health Office No. 2,

District File Number 7842-1294

Date Filed 10-7-42

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. *This body not embalmed or seen by me*

Signed... *E. C. McCord*

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.