

S. No. 2
M-5-42
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1943
FILED JAN 25

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: K.C. General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. Helping Hand 523 Grand
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Sanford Ballow

(b) If veteran, name war no record

(c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th year 1943 hour 12 minute 20 A.M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced, widower 2 divorced widower

(b) Name of husband or wife no record 6. (c) Age of husband or wife if alive years

7. Birth date of deceased no record
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-43, 19 to 1-8-43, 19

that I last saw him alive on 1-8-43 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months Days If less than one day hr. min.

Immediate cause of death Bronchopneumonia

Due to 101

Due to

9. Birthplace no record 9
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation none

Major findings: Of operations

Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name no record

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant record clerk

(b) Address K.C. Gen. Hospital

17. (a) Burial (b) Date thereof 1/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director John Mayberry

(b) Address 2315 Sunwood

19. (a) 1-14-43 (b) M. M. Crowe
(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? (Specify type of place)

While at work? (c) Means of injury

23. Signature Henry R. Thomas (M. D. or other)

Address Dir. K.C. Gen. Hospital Date signed

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

MOTHER FATHER

FEB 1 1943

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.....

Ray E Snow

Licensed Embalmer No.....

2560

P. O. Address.....

KC 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.