

FILED APR 22 1944

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **56**

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
311 Waugh St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia  
(If outside city or town limits, write "RURAL")

(d) Street No. 311 Waugh St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE FRANKLIN BALLEW

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3  
year 1944 hour 10:00 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma McGraw Ballew

6. (c) Age of husband or wife if alive 11 - 30 - 1873 years  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from not at all to 10 months ago  
that I last saw him alive on months ago 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death myocardial infarction  
I base this on the heart equilibrium  
Due to myocardial infarction  
myocardial infarction  
myocardial infarction  
Due to myocardial infarction  
myocardial infarction  
myocardial infarction

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

10. Usual occupation Retired

Other conditions myocardial infarction  
(Include pregnancy within 3 months of death)

Major findings: 93d  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

12. Name G.C. Ballew

13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Creel

15. Birthplace Carrollton Co. Missouri  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Paul Q. Ballew

(b) Address Columbia, Mo.

17. (a) Removal (b) Date thereof 3-5-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo.

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 Parson Funeral Service  
Columbia, Mo.

(b) Address \_\_\_\_\_

19. (a) 3-4-1944 (b) Edna H. Ballew  
(Date received local registrar) (Registrar's signature)

23. Signature Stephen D. Smith (M. D. or other) \_\_\_\_\_  
Address Columbia, Mo. Date signed 3/9/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-20-44

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 W. S. McPherson

Licensed Embalmer No. 3893

P. O. Address Columbus

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.