V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27003

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 250

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~Hospital~~ 3 wk. 4 dy. (Specify whether
In this community 3 Weeks And 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Rural Union 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Josie Helen Balsman

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Balsman

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January (Month) 21 (Day) 1901 (Year)

8. AGE: Years 44 Months 6 Days 17 If less than one day ___ hr. ___ min.

9. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Roman Schott
13. Birthplace Butler Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Isabella Anselm
15. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Edward Balsman
(b) Address Uniontown Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Apple Creek, Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 8-10-45 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1945 hour 11 minute 55 P.M.

21. ~~I hereby certify that I attended the deceased from~~ 7-10, 19 45, to 8-8, 19 45
that I last saw her alive on 8-8, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Cholelithiasis (operation Cholecystectomy)

Due to

Due to

Other conditions Goitre + Hyperthyroidism
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 126

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)

(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? (e) Means of injury

23. Signature A. L. Smith (M. D. or other) Mo

Address Cape Girardeau Mo Date signed 8/9/45

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 945-1065

Date Filed 9-8-45

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 Lawrence Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.