2.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5386

FILED MAR 14 1947

Registration District No. 182 Primary Registration District No. ~~4298~~ 5686 Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Linn Missouri Linn R

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

(c) Name of hospital or institution:
Linn County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 5K

(c) City or town Meadville 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) 0

If yes, name country

3. (a) PRINT FULL NAME Delmar Bales

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXXX

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elva Bales

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November (Month) 7 (Day) 1877 (Year)

8. AGE: Years 69 Months 3 Days 2 If less than one day hr. min.

9. Birthplace XXXXXXX (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Bales
13. Birthplace XXXX (City, town, or county) XXXXXXXX (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace XXXXX (City, town, or county) XXXXXXXX (State or foreign country)

16. (a) Informant Mrs Elva Bales

(b) Address Maedville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/1947 (Month) (Day) (Year)

(c) Place: burial or cremation Meadville Cemetery

18. (a) Signature of funeral director Thorne Undt. Co.

(b) Address Linneus, Mo. (D.A. Taylor

19. (a) March 7 - 1947 (Date received local registrar) (b) Mrs Bridie Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb'y day 28th year 1947 hour 7:00 minute a. M.

21. I hereby certify that I attended the deceased from Feb 15, 1947, to Feb 25, 1947; that I last saw him alive on Feb 25, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	3 wks.
Due to Cerebral Arterio-Sclerosis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83 B

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) 0

While at work? (e) Means of injury

23. Signature R. Y. R. Haley (M. D. or other) M.D.

Address Brookfield, Mo. 1/1 Date signed

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Dave A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.