

No. 30
M-10-47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8566

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 963

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

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
2030 VAN BRUNT BLVD. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 35 YEARS
years, months or days

3. (a) PRINT FULL NAME MR. WILLIAM E. BALES

3. (b) If veteran, name war No

3. (c) Social Security No. 486-10-6649

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS.

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: JULY - 20 - 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SUPT. OF SHUKERT & ARGYLE BLDG.

11. Industry or business _____

12. Name THOMAS E. BALES

13. Birthplace BOONVILLE MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MARY SEVEDGE

15. Birthplace CRAWFORD COUNTY INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant Donald E. Bales

(b) Address 2030 Van Brunt Blvd.

17. (a) BURIAL (b) Date thereof MARCH - 2 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. Newman

(b) Address 1401 Grand Blvd.

19. (a) 3-2-48 (b) Therese Holmea
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL") 5

(d) Street No. 2030 VAN BRUNT BLVD
(If rural, give location) 8

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 29 TH
year 1948 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from 9 years ago 1948 to Feb 29, 1948
that I last saw him alive on Feb 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of
Basilar Artery in
Circle of Willis
Due to Arterio sclerosis open

Due to hypertension and
weakness of brain vessels
Other conditions for 3 months
(Include pregnancy within 3 months of death)

Major findings: many employees
Had cerebral hemorrhage
Parent fully recovered
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature E. P. Reisinger (M. D. or other) 1
Address 311 Argyle Blvd. Date signed 3/1-48

Handwritten signature

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 *Jess T. Dews*
Licensed Embalmer No. *4453*
P. O. Address *75 Kansas City*

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..