

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24347  
State File No. 3002  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3002	
1. PLACE OF DEATH a. COUNTY JACKSON b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 70 years d. FULL NAME OF HOSPITAL OR INSTITUTION 3435 East 59th Street				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY d. STREET ADDRESS 3435 East 59th Street			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Goodman c. (Last) Balcom			4. DATE OF DEATH July 1, 1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 8, 1881	
9. AGE (In years last birthday) 70		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop Foreman		10b. KIND OF BUSINESS OR INDUSTRY General Outdoor Advertising Co.		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles K. Balcom		13b. MOTHER'S MAIDEN NAME Ettie Goodman		14. NAME OF HUSBAND OR WIFE Nellie Balcom	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-05-2381		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs. Nellie Balcom, 3435 E. 59th Street			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lungs Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary DUE TO (c) Chronic bronchial asthma II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Smoker. Interval between onset and death 1 1/2 yrs. 30 yrs.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 162X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 3-22, 1952, to July 1, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.							
23. SIGNATURE Harry E. Schoen (Degree or title) Harry E. Schoen D.O.				23b. ADDRESS 5730 Brooklyn		23c. DATE SIGNED 7-1-52	
24a. BURIAL (CREMATION REMOVAL) (Specify) BURIAL		24b. DATE July 3-1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 7-2-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.D. Newcomer's Sons, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

75 3842

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John R. Sedmon  
Licensed Embalmer No. 4531  
P. O. Address Kansas City, 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.