

FILED FEB 24 1945

Registration District No. 1312

Primary Registration District No. 5572

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Prairie, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson Co. Home for Neepers  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 8 Mo.  
In this community 15 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence 49  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. #4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MAGGIE BALEW

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEPRO 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dont. Know  
(Month) (Day) (Year)

8. AGE: Years 61 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LIBERTY MO. A  
(City, town, or county) (State or foreign country)

10. Usual occupation unknown

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

12. Name Dont. Know

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant RECORD. Country Home

(b) Address R. F. D. #4 Indep. Mo.

17. (a) Burial (b) Date thereof Feb 27 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LIBERTY, MO.

18. (a) Signature of funeral director BRADY-BROWN

(b) Address 1708 TRACY ST. C. MO.

19. (a) Jan. 25, 1945 (b) J. M. Schuchman  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-22 day \_\_\_\_\_ year 1945 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from 1-22 1945 to 1-22 1945  
that I last saw her alive on 1-22 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus  
Duration Dont. Know

Due to Diabetic Coma 1 day

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations W  
Of autopsy \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature J. M. Schuchman (M. D. or other) \_\_\_\_\_  
Address Independence, Mo. Date signed 1-23-45

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

MAY 18 1945

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

Licensed Embalmer No. 1271

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.**