

FILED OCT 24 1944

Registration District No. 1944

Primary Registration District No. 1002

Registrar's No. 4042

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution:
917 Forrest Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years
(Specify whether years, months or days)
Newton Van Bales

3. (a) PRINT FULL NAME VAN MIREN BALES

3. (b) If veteran, name war None 3. (c) Social Security No. 490-09-1739

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes Bales 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May 25- 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 9 If less than one day
hr. min.

Birthplace Blackhope Missouri
(City, town, or county) (State or foreign country)

Usual occupation none

Industry or business

12. Name Samuel Henry Bales

13. Birthplace Ray Co. Missouri
(City, town, or county) (State or foreign country)

Maiden name Pauline Lane

14. Birthplace Ray Co. Missouri
(City, town, or county) (State or foreign country)

Informant Mrs. Agnes Bales

(a) Address 3721 East 9th. St. Kansas City, Mo.

(b) Removal (b) Date thereof 10-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

Place: burial or cremation Excelsior Springs, Mo

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 10-9-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 917 Forrest, Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4
year 44 hour 9 minute 45 M.

21. I hereby certify that I attended the decedent from 9/11 to 10/4, 1944; that I last saw him alive on 10/4 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bacterial Meningitis Duration

Due to

Due to 9/4/44

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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 George C. Carson (M. D. or other) 3

Address Excelsior Springs, Mo Date signed 10/5/44

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

MOTHER BIRTH 57-48
CART. H. C. SLACK

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.....

Floyd C. Carson

Licensed Embalmer No.....

4199

P. O. Address.....

Independence, 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson ^{SS.}

State File No. 330111
Local Registrar's No. 4042

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of Jan, 1945, before me appears Mrs. Agnes Bales, who, upon her oath, states that the original record of birth for Newton Van Bales died Oct. 4, 1944, in the State of Missouri, and which was filed at 15. C. on 10-9, 1944 should be corrected as follows:

Item No. 2 should read Newton Van Bales
Instead of Van Vuren Bales

Item No. _____ should read _____
Instead of _____

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Instead of _____

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Instead of _____

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Instead of _____

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Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

verified by birth certificate, bonds, social security & insurance policy
X Affiant Agnes Bales ^{wife}
Relationship
X Agnes 3721 E. 9th St
Present Address. N.C. Mo.

Subscribed and sworn to before me this 3rd day of Jan, 1945

My Commission expires Oct. 20, 1947 Barrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

