

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Pickens MAY 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15156  
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 411  
(b) Township Wallerma Primary Registration District No. 2007 Registered No. \_\_\_\_\_  
(c) City Joplin, Mo. (d) Street No. St. James Hospital Registered No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Larry Johnson Ballinger St. Pickens, Okla.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 mos 1 3 29  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pickens, Oklahoma

FATHER 13. NAME Mr. Floyd Ballinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City, Missouri

MOTHER 15. MAIDEN NAME Aretta Reynolds

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City, Missouri

17. INFORMANT (ADDRESS) Father, Floyd Ballinger

18. BURIAL, CREMATION, OR REMOVAL PLACE Punell, Mo. DATE 4-26-39

19. FUNERAL DIRECTOR (ADDRESS) Jornell's Pickens, Okla.

20. FILED 5-3-39 21 J. J. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 4-13-39 19... to 4-24-39 19...  
I last saw him alive on April 24, 1939. Death is said to have occurred on the date stated above, at 12 m.  
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation

Date of onset 4-19-39

Other contributory causes of importance: 32 W Military the following measles - 3 months ago

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Examined Was there an autopsy? h

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19...  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) Walter Howard, M. D.  
(Address) Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number

6-5-39-1093

Date Filed MAY 15 1939

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STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**