

S. No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12394  
Registrar's No. 470

FILED JUN 18 1942 -  
Registration District No. 184

Primary Registration District No. 1001

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 6023 Lookout St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)  
In this community 56 years

3. (a) PRINT FULL NAME Christian Bally  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cynthia Ann  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased October 18, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>6</u>	<u>18</u>	hr. min.

9. Birthplace Bern 5 Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer  
11. Industry or business Farm

MOTHER FATHER  
12. Name Christian Bally  
13. Birthplace Bern 5 Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Rinch  
15. Birthplace Bern, Switzerland 5  
(City, town, or county) (State or foreign country)

16. (a) Informant Cynthia Ann Bally (Wife)  
(b) Address Route # 6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation King Hill Semetery

18. (a) Signature of funeral director John E. Shupp  
(b) Address 6054 Pryor Ave., St. Joseph,

19. (a) 5-8-42 (b) Roe Hugo  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town Rural (St. Joseph)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 6,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Naturalized U.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day may  
year 1942 hour 10:32 minute ✓ M.  
21. I hereby certify that I attended the deceased from 5-1-1942 to 5/6-1942  
that I last saw him alive on 5-6-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis -  
Interstitial Pneumonia -  
Due to ✓  
Due to ✓  
Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations None  
Of autopsy Physical

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 B. B. Simmons (M. D. or other) ✓  
Address St. Joseph Mo Date signed 5/8/42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1233

(Licensed Embalmer's Statement on Reverse Side)

**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.....  
..... *myself* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *6054 Princeton Ave,  
St Joseph, 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.**