

FILED NOV 10 1943
Registration District No. 231

Primary Registration District No. 5181

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community Oak Ridge, Mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bernice Anna Balsmann

3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Oct. 9th, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2-1/2 hr. min.

9. Birthplace near Oak-Ridge, Mo. Rural
(City, town, or county) (State or foreign country)

10. Usual occupation infant, none

11. Industry or business:

12. Name John H. Balsmann

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

14. Maiden name Bertha Trapp

15. Birthplace Rural, Perry County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Balsmann

(b) Address Oak Ridge, Mo.

17. (a) Burial (b) Date thereof 10-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Apple Creek, Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo

19. (a) (Date received local register) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town Oak Ridge Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Year No)
If yes, name country: A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1943 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 9 1943 to Oct 11 1943

that I last saw her alive on Oct 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: F. failure of the valves of the aorta
or P. or a men Ovale to close.

Due to:
Due to:

Other conditions (Include pregnancy within 3 months of death) 1572

Major findings: Of operations:

Of autopsy:

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 R. D. Bleylock (M. D. or other)

Address Oak Ridge Mo Date signed 10-11-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 1143-29
Date Filed 11-8-43

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

C B F / C
MAY 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Nov. 1943

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Bernice A. Balsmann

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced o

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 9 1908
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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 _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-13-43 (b) Henry Wolcott
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day _____
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE IN INK—USE INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

FILES

34360