

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 17 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1809 Myrtle Conv. Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years  
(Specify whether years, months or days)

In this community 41 years 4  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 1809 Myrtle  
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MINNIE LOUETTA BALZHAUSER

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2  
year 1945 hour 9 minute A. M.

4. Sex Fe. 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Nov. 7, 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from About  
1942 to Jan 2, 1945  
that I last saw her alive on Oct 29, 1944  
and that death occurred on the date and hour stated above.

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

76 75 1 25 hr. min.

Immediate cause of death: Cerebral hemorrhage 4 days

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

Due to Hypertension & arteriosclerosis

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

10. Usual occupation Homemaker

Other conditions 1  
(Include pregnancy within 3 months of death)

11. Industry or business None

12. Name Unknown

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

14. Maiden name 9  
(City, town, or county) (State or foreign country)

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

Major findings: 130

Of operations \_\_\_\_\_

Of autopsy no

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

16. (a) Informant Mrs. Mary A. Turner

(b) Address 1811 Myrtle

17. (a) Burial (b) Date thereof 1/3/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

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? \_\_\_\_\_

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 1-2-45 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Thammawatt (M. D. or other) 0

Address 730 P.M. Bldg Date signed 1/2/45

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

361

116 No

Mr. [unclear]  
Phy: [unclear]

**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 W.D. Blackman

Licensed Embalmer No. 3639

P. O. Address A. C. [unclear]

**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.**