

FILED MAR 24 1945

Registration District No. **149**

Primary Registration District No. **1002**

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

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: **3414 Highland** /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community **Life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **2**  
(If outside city or town limits, write "RURAL") **6**

(d) Street No. **3414 Highland**  
(If rural, give location)

(e) Citizen of foreign country? **No** **1)** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Charles A. Balling**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **495-05-4889**

4. Sex **Male** **D** 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary L. Balling**

6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **January 2 1873**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **8th**  
year **1945** hour **6:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 1944**, 19\_\_\_\_, to **June 1945**, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **2** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Kansas City Mo. D**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Sec. & Office Manager**

11. Industry or business **Modern Woodmen**

12. Name **Daniel Balling**

13. Birthplace **Germany U**  
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Wagner**

15. Birthplace **Germany U**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary L. Balling**  
(b) Address **3414 Highland**

17. (a) **Burial** (b) Date thereof **3-10-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calfvary**

18. (a) Signature of funeral director **J.W. Wagner**  
(b) Address **Kansas City, Mo.**

19. (a) **3-9-45** (b) **N. C. Brown**  
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Cerebral Hemorrhage** **1 hr** Duration

Due to **chronic hypertension** **1938**

Due to **arteriosclerosis** **1938**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **030**  
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) Means of injury **?**

23. Signature **Donald P. Collins** (M. D. or other) **DD**  
Address **8210 Woodland N.C. Mo.** Date signed **3/9/45**

**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 Cecil R. Matthee

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.**