

FILED MAR 14 1946

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 69

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Independence
 (c) Name of hospital or institution:
208 1/2 N. Main
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 39 years
 In this community 39 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Independence
 (d) Street No. 208 1/2 N. Main
 (e) Citizen of foreign country? no
 If yes, name country _____

3. (a) PRINT FULL NAME THOMAS BALLENGER
 (b) If veteran, name war none
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. Day 24 Year 1946 hour 7 minute 40 A. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, divorced, married
 (b) Name of husband or wife Gertrude A. Ballenger 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased March 23 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 6, 1946 to Jan 24, 1946 that I last saw him alive on Feb 24, 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>1</u>	hr. min.

Immediate cause of death Dementia Paralytica Duration 24 mo

9. Birthplace Macon County Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Laborer

Other conditions Chorea & neuritis
 (Include pregnancy within 3 months of death)
 Major findings: no operation
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Benjamin Ballenger
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Gertrude A. Ballenger
 (b) Address Independence Missouri
 17. (a) Burial (b) Date thereof 2-26-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Blue Springs Cemetery
Geo. C. Carson Funeral Home
 18. (a) Signature of funeral director _____
 (b) Address Independence Missouri
 19. (a) 2-26-46 (b) _____
 (Date received local registrar) (Registrar's signature)

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 if place)
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 2/26/46

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

MOTHER FATHER

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 George A. Larson.....

Licensed Embalmer No. 2249.....

P. O. Address. Indep. 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.