

No. 2
5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7678

FILED MAR 12 1947

Registration District No. 372

Primary Registration District No. 4543

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Seymour mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 1/2
(c) City or town Seymour (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Anthony Ballenger
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1947 hour 9 minute 40 AM.
21. I hereby certify that I attended the deceased from Feb - 21 1947, to Feb - 24 1947
that I last saw him alive on Feb 24 1947
and that death occurred on the date and hour stated above.

4. Sex md 5. Color or race W
6. (a) Single, widowed, married, divorced, Widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May 1 1873
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia Duration 3 days

8. AGE: Years Months Days If less than one day
73 9 23 hr. _____ min.

Due to _____
Due to _____

9. Birthplace Franklin Co. Mo - 0
(City, town, or county) (State or foreign country)

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

10. Usual occupation Iron molder

Major findings: _____
- Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Joseph Edward Ballenger
13. Birthplace Washington (City, town, or county) (State or foreign country)
14. Maiden name Amanda Woods
15. Birthplace Rema (City, town, or county) (State or foreign country)

16. (a) Informant Joseph F Ballenger
(b) Address 104 W. Florida, Springfield mo

17. (a) Burial (b) Date thereof 2 27 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Kelley Powell, Beigman

(b) Address Seymour Mo.

19. (a) Feb 25 47 (b) Gilbert Jones
(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? 2

While at work: _____ (Specify type of place) (c) Means of injury _____

23. Signature J. K. Ball (M. D. or other) to

Address Seymour mo Date signed 2/24/47

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

RECEIVED

District Health Officer No. 6;

District File Number 347-290

Date Filed MAR 6 1947

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 H. K. Keller

Licensed Embalmer No. 3334

P. O. Address Fardland 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.