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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12477

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6103 So.4th Street / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph / (If outside city or town limits, write "RURAL")
(d) Street No. 6103 So.4th Street 7 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Flossie May Bally
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Wm. Bally
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June (Month) 28 (Day) 1892 (Year)

8. AGE: Years ✓ 54 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name John Samuel Mallory 0
13. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Rose Harrier
15. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant John Wm. Bally
(b) Address 6103 So.4th St., St.Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St.Joseph, Mo.
19. (a) May 8 1947 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 292

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1947 hour 4 minute 45P.M.
21. I hereby certify that I attended the deceased from May 5, 1947, to May 5, 1947, that I last saw her alive on May 5, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 hr
Due to Arteriosclerosis Gen.	3 yrs.
Due to	
Other conditions Neph. Chr (Include pregnancy within 3 months of death)	3 yrs.

Major findings:
Of operations
Of autopsy

131B

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Frank Hartigan (M. D. or other)
Address 620 Francis Date signed 5/7/47
St. Joseph - Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 George Wingbermuehle, Registered Apprentice No. 508 Missouri, working under my personal supervision.

Signed Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.