

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
 6086-A
~~1896~~

1. PLACE OF DEATH
 County Jackson Registration District No. 695-
 Township Kan Primary Registration District No. 5922
 City Kansas City (No. Parkville Mo.) St. _____ Ward _____

2. FULL NAME Lena Batliner
Parkville Mo.
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rochus Batliner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 3 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

FATHER 13. NAME Andrew Tingea
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Walters
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Rochus Batliner (ADDRESS) Parkville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary Cemetery DATE Feb 6 1934

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W Linwood

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4th 1. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1934, to Feb 4, 1934
 I last saw her alive on Feb 4, 1934. Death is said to have occurred on the date stated above, at 8:45A.
 The principal cause of death and related causes of importance were as follows:

Date of onset Feb 4/1934
Cerebral hemorrhage
(anapleria)
8291
 Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? mur Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Walter H. ... M. D.
 (Address) North Kansas City

W. V. Adams & Sons.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Pettis Registration District No. 19915
 Township Pettis Primary Registration District No. 5922
 City Kansas (No. Parkville, Mo.) St. _____ Ward _____

2. FULL NAME Rena Ballener
 (a) Residence, No. _____ St. _____ Ward R 7 D 3 Parkville Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachus Ballener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 - 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

MOTHER FATHER
 13. NAME Andrew Wages

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

15. MAIDEN NAME Mary Wages

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

17. INFORMANT (ADDRESS) Rachus Ballener, Parkville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE Feb 6, 1934

19. UNDERTAKER (ADDRESS) Wagner Funeral Home, 204 S. 4th St., Parkville, Mo.

20. FILED 28 19 34 S. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 to Feb 4, 1934
 I last saw him alive on Feb 4, 1934 Death is said to have occurred on the date stated above, at 8:45 a m.
 The principal cause of death, and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Feb 4 - 34
apoplexy
 Other contributory causes of importance:
arteriosclerosis
myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis Artery Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

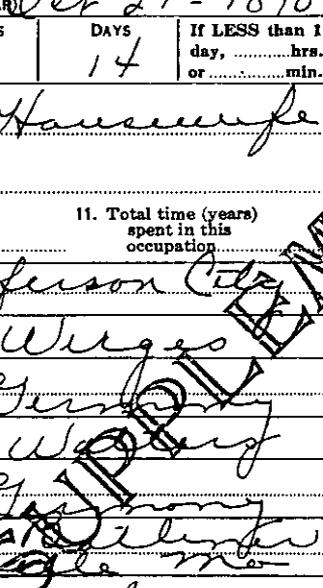
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) Dr. Benhardt, M. D.
 (Address) North 100 Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



S-6086-A