REC'D MAY 10 1939

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

13897
Do not use this space.

1. PLACE OF DEATH
(a) County: Jackson
(b) Township: Kaw
(c) City: K C Mo
Registration District No. 399
Primary Registration District No. 1007
Registered No. 1651
(d) Street No. K C Gen Hospt St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 5 yrs. 4.5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Ballinger
(a) Residence, No. 6230 E-14 St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Mrs. Clara Ballinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15, 1877
7. AGE: Years 61 | Months 4 | Days 4 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as 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): Mo
FATHER
13. NAME: Jefferson Ballinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
MOTHER
15. MAIDEN NAME: Sofia Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
17. INFORMANT (ADDRESS): Record Clerk K C Gen Hospt.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Maple Hill DATE: 4-21, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Freeman Mortuary K. C. Mo.
20. FILED: April 20, 1939 M. M. Browne Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-19-39
22. I HEREBY CERTIFY, That I attended deceased from 3-13-39, 19..., to 4-19-39, 19...
I last saw him alive on 4-19-39, 19... Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Perforated duodenal ulcer; necrosis of gall bladder; Sepsis - | 11 Ds |

Other contributory causes of importance:
Phrenogmatic abscess
Endocarditis with abscesses of spleen & kidneys.
Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? Yes

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) P. H. De Manus, M. D.
(Address) Supt K C Gen Hosp K C Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

I X14028

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**