

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.

S.S. 782-18-7719-651

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

24521  
Do not use this space.

1. PLACE OF DEATH 2

(a) County Barton 0 Registration District No. H 1

(b) Township Osark Primary Registration District No. 5062 Registered No. \_\_\_\_\_

(c) City Madberry (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Antonio Johnnie Ballarini

(a) Residence, No. mulberry mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 24 4 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. agents helper

9. Industry or business in which work was done, as saw mill, bank, etc. K. B. S. R. R.

10. Date deceased last worked at this occupation (month and year) May 1940 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mulberry Missouri

FATHER 13. NAME Joe Ballarini

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER 15. MAIDEN NAME Chestina Vezadini

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Joe Ballarini mulberry, mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mulberry Mo. DATE July 18 1940

19. FUNERAL DIRECTOR (ADDRESS) Barker Funeral Hlrs. mulberry, Mo.

20. FILED July 18, 1940 J. R. Spill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1940

22. I HEREBY CERTIFY That I attended deceased from July 15 1940 to July 16 1940

I last saw him alive on July 16 1940 Death is said to have occurred on the date stated above, at 3:05 A. m.

The principal cause of death and related causes of importance were as follows:

mitral stenosis Date of onset 7/18/39

Other contributory causes of importance: 920

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? phym Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Allen W. Sandberg M. D.

(Address) Mulberry, Mo.

STATEMENT BY LICENSED EMBALMER

I, J. M. Berkey, Licensed Embalmer No. 2336

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. M. Berkey  
Licensed Embalmer No. 2336

**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.)**