

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15443

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Sedalia
(c) Name of hospital or institution: Bethwell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr 50 min
(Specify whether
In this community lifetime
years, months or days)

3. (a) PRINT FULL NAME Anton J Balke

3. (b) If veteran, name was No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thora Balke 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased November 25 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Benton Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Heerman Balke
13. Birthplace Benton Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Mayer
15. Birthplace Benton Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant HT Balke
(b) Address Lincoln Mo

17. (a) Lincoln Mo (b) Date thereof April 8 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gravestone

18. (a) Signature of funeral director J. B. Balke

(b) Address Lincoln Mo

19. (a) 4-8-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Lincoln (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8
year 1941 hour 5 minute 45 PM.

21. I hereby certify that I attended the deceased from 4-8
1941, 1941, to 4/8, 1941;
that I last saw him alive on 4/8, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death peritonitis Duration 24 hr
Probable perforated gastric ulcer

Due to 11/11

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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

23. Signature SP Balke (M. D. or other) D
Address Sedalia Mo Date signed 4/8/41

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

MOTHER FATHER

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, fact should be so stated above.