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FILED JUN 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17877

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 434

1. PLACE OF DEATH:
 (a) County. GREENE
 (b) City or town. Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr. 5 mo. 20 da.
 In this community 1 yr. 5 mos. 20 days. (Specify whether years, months or days)

3. (a) PRINT FULL NAME BALLI, Howard
 3. (b) If veteran, name war. None
 3. (c) Social Security No. Unknown

4. Sex Male () 5. Color or race Indian
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased Unknown 1903
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 38 hr. min.

9. Birthplace Tuba City, Arizona
 (City, town, or county) (State or foreign country)

10. Usual occupation Sheep & Cattle Raiser

11. Industry or business

MOTHER FATHER { 12. Name Ramon Balli
 13. Birthplace Tuba City, Arizona
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Tuba City, Arizona
 (City, town, or county) (State or foreign country)

16. (a) Informant Deceased
 (b) Address

17. (a) Burial (b) Date thereof 5/27/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
 (b) Address Springfield, Missouri

19. (a) 5-27-41 (b) W. E. Haudley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Arizona (b) County Coconino 39
 (c) City or town Tuba City
 (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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
 year 1941 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from December 5th, 1939 to May 25, 1941; that I last saw him alive on May 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis, acute, general.

Due to Appendicitis, acute.

Other conditions Tuberculosis, pulmonary, peritoneal, bone and joint.

Major findings: Of operations Ruptured appendix with acute general peritonitis.
 Of autopsy No 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? (Specify means of injury)
 Signature [Signature] (M. D. or P.O.D.)
 Address Springfield, Missouri. Date signed

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

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

Raymond H. Hill

Licensed Embalmer No.

23444

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.