

STANDARD CERTIFICATE OF DEATH

State File No. 7420

Registration District No. 640

Primary Registration District No. 5-8-49 4384

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County. O S A G E

(b) City or town. L I N N M O  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Williamson Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

(c) City or town Linn Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BEVERLY SUE BALKENBUS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4  
year 1942 hour 9 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 2 to Feb 4 1942  
that I last saw her alive on Feb 4 1942  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 2 - 2 - 42  
(Month) (Day) (Year)

Immediate cause of death: Premature birth

Due to 7 1/2 mo.

Due to lived two days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months 2 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: L I N N M O  
(City, town, or county) (State or foreign country)

Major findings: 159

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Arthur N. Balkenbus

{ 13. Birthplace Linn Mo  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Catherine Ruelgen

{ 15. Birthplace Linn Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur N. Balkenbus

(b) Address Linn Mo

17. (a) Burial (b) Date thereof 2-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn Cemetery

18. (a) Signature of funeral director Clyde Martin

(b) Address Linn Mo

19. (a) 2-5-1942 (b) Mrs Doris H  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature J. Williamson (M. D. or other) \_\_\_\_\_  
Date signed Mo

**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.....

*not Embalmed*....., 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.**