

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 4 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City 048
(If outside city or town limits, write "RURAL")
(d) Street No. 4622 Bell 3
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country — 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1942 hour 12 minute 40 P.M.
21. I hereby certify that I attended the deceased from
April 12 1942 to April 14 1942
that I last saw h. alive on April 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Dehydration due to Enteritis
Pharyngitis

Due to _____
Due to 115c
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Barbara Joan Ballentine

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 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 August 27 1941
(Month) (Day) (Year)

8. AGE: Years None Months 7 Days 17 If less than one day hr. _____ min. 48

9. Birthplace San Diego California
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Hale Ballentine
13. Birthplace Bonnes Spring Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Ruth
15. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard H. Ballentine

(b) Address 4622 Bell Kansas City mo.

17. (a) Burial Removal Date thereof April 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonnes Spring Kansas

18. (a) Signature of funeral director Simmons Funeral Home

(b) Address 4622 Bell Kansas City mo.

19. (a) 4-15-42 (b) M. M. Crowe
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature H. M. Sieber MD (M, D, or other) 0
Address 4622 Bell Kansas City mo. Date signed 4/17/42

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

48
3
8

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, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed H. Simmons.....

Licensed Embalmer No. 3903.....

P. O. Address R E K.....

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.