S. No. 2
M—9-4-41
v. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10693

Registration District No. 297 | Primary Registration District No. 3016 | Registrar's No. 25

036 6 2

1. PLACE OF DEATH:
(a) County: Franklin.
(b) City or town: Washington. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 715 S. Elm St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None. (Specify whether years, months or days)
In this community: 76 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin 036 6 2
(c) City or town: Washington
(If outside city or town limits, write "RURAL")
(d) Street No.: 715 S. Elm St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: William J. Ballmann.
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Catherine Ballmann.
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: March (Month) 9th, (Day) 1866. (Year)

8. AGE: Years	Months	Days	If less than one day
76	0	2	hr. min.

9. Birthplace: Krakow, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Retired farmer.
11. Industry or business: x
FATHER
12. Name: Bernard Ballmann,
13. Birthplace: Unknown, (City, town, or county) Germany. (State or foreign country)
MOTHER
14. Maiden name: Angelo Rolf,
15. Birthplace: Krakow, (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant: Mrs Fred Butler
(b) Address: 715 S. Elm St. Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 14, 1942. (Month) (Day) (Year)
(c) Place: burial or cremation: Krakow, Mo.
18. (a) Signature of funeral director: William Rhea
(b) Address: Washington, Mo.
19. (a) March 12-42 (Date received local registrar) (b) Lucille Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th, year 1942 hour 2:00 minute 30 P.M.
21. I hereby certify that I attended the deceased from 1933, 19..., to March 11, 1942, that I last saw him alive on March 11, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

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: [illegible] (M. D. or other)
Address: Washington Mo. Date signed: 3/12/42

1181 (Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed A. C. Hiebing

Licensed Embalmer No. 2387

P. O. Address Washington Mo

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.