DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14087

Registration District No. 940 Primary Registration District No. 5849 Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: On way to St. Marys Hospital
(If not in hospital or institution, write street number or location)

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

In this community: 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Osage

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Linn, Mo, Route # 2.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Herman William Balkenbusch

3. (b) If veteran, name war: ____

3. (c) Social Security No. 495-120314

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Melia Balkenbusch

6. (c) Age of husband or wife if alive: 34 years

7. Birth date of deceased: July 30th, 1900 (Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace: Osage County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Bricklayer

11. Industry or business: Contract work

FATHER
12. Name: Antone Balkenbusch
13. Birthplace: Linn, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Etta Duncan
15. Birthplace: Vienna, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Herman W. Balkenbusch

(b) Address: Linn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Linn Public Cemetary

18. (a) Signature of funeral director: Clyde Morton

(b) Address: Linn, Mo.

19. (a) 4-1-1942 (Date received local registrar) Emil Dorsett (Registrar's signature)

4-1-1942

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Accident of carpenter contracted in falling from the roof of his house, crushing his

Due to: falling where unable to ascertain whether or not it was due to an

Due to: Electrical shock or to an accidental fall

Other conditions (Include pregnancy within 3 months of death): and caused a broken back & bruised thigh

Major findings: Of operations: internal injuries

Of autopsy: No

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): Accident

(b) Date of occurrence: March 29, 1942 P.M.

(c) Where did injury occur? Linn (City or town) Osage (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - (outside) (Specify type of place)

While at work? No (e) Means of injury: Fall from roof

23. Signature: Dr. W. W. Wilson (M. D. or other)

Address: Westphalia, Mo. Date signed: 3/31/42

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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MAY 18 1943

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 Vernon Morton

Licensed Embalmer No. 4/25

P. O. Address Lenn

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, above space should be left blank.