DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 296

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21117

State File No.

Primary Registration District No. 5413

Registrar's No.

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

36 0 0

1. PLACE OF DEATH:

(a) County FRANKLIN

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

(c) Name of hospital or institution: none
(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 none

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN 36 0 0

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

(d) Street No. UNION TWP
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes name country

3. (a) PRINT FULL NAME FRED LOUIS BALLMANN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife Mary Unnerstall Ballman

6. (c) Age of husband ~~or wife if~~ alive 60 years

7. Birth date of deceased November (Month) 23 (Day) 1866 (Year)

8. AGE: Years 75 Months 6 Days 26 If less than one day hr. X min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

FATHER
12. Name HENRY BALLMANN
13. Birthplace Unknown (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name LOUISE HUSTERMAN
15. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs F. Louis Ballmann

(b) Address Kraków mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/42 (Month) (Day) (Year)

(c) Place: burial or cremation Kraków Mo

18. (a) Signature of funeral director Otto & Co H. W. Otto

(b) Address Washington mo

19. (a) June 21/42 (Date received local registrar) (b) Conrad A. Reyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1942 hour 8:45 minute P.M.

21. I hereby certify that I attended the deceased from August 28, 1941 to June 19, 1942, that I last saw him alive on May 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	unknown
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 H. A. May (M. D. or other) M.D.

Address Washington, Mo. Date signed 6/24/42

1119 (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 none, Registered Apprentice No. none working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington Mo

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

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