

FILED MAR 10 1943
Registration District No. **1983**

Primary Registration District No. **5361**

1. PLACE OF DEATH:

(a) County **Daviess**
(b) City or town **Rural Jackson Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 Mi. N.E. Carlow, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **Life** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **John Ballinger**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **XXX** 6. (c) Age of husband or wife if alive **XXX** years

7. Birth date of deceased **April 18 1886**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 26 hr. min.

9. Birthplace **Daviess County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Farm Labor**

12. Name **George Ballinger**

13. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen Tolliver**

15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles S. Ballinger**

(b) Address **Box 156, Utica, Missouri**

17. (a) **Burial** (b) Date thereof **2-19-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clear Creek Cemetery**

18. (a) Signature of funeral director **Hope Furn. & Bndt.**

(b) Address **Gallatin, Mo.**

19. (a) **2-18-1943** (b) **H. D. Jackson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Daviess**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1/2 Mi. N. E. Carlow, Mo.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **14**
year **1943** hour **about 9** minute **A.** M.

21. I hereby certify that I attended the deceased from **did not see alive**, 19____, to _____, 19____;
that I last saw him **in bed** on **Feb 18**, 19**43**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
Pulmonary artery

Due to _____

Due to _____

Other conditions **1148**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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. While at work? _____ (Specify type of place) (e) Means of injury _____

Signature **J. B. Bailey, M.D.** (M. D. or other) **CO.**
Address **Janineport, Mo.** Date signed **2-18-43**

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

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

1084

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

L. O. Richesson

Licensed Embalmer No.

3302

P. O. Address

Gallatin, 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.