No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 3886

Registration District No. 274 Primary Registration District No. 2057 Registrar's No. 7

**1. PLACE OF DEATH:**

(a) County PETTIS

(b) City or town SEDALIA Tmo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ROUTE #1. / SEDALIA, Mo.
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County PETTIS 80

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

(d) Street No. RURAL ROUTE #1.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME AGNES ELIZABETH BALKE

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex FEMALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EDWARD BALKE 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased JAN (Month) 30 (Day) 1858 (Year)

8. AGE: Years 85 | Months 11 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace LINCOLN (City, town, or county) Mo (State or foreign country)

10. Usual occupation AT. HOME

11. Industry or business .....

FATHER
12. Name CHRISTIAN PERRY
13. Birthplace ..... (City, town, or county) ENG (State or foreign country)

MOTHER
14. Maiden name ELIZABETH ULF
15. Birthplace ..... (City, town, or county) GER. (State or foreign country)

16. (a) Informant EDWARD BALKE
(b) Address RTE-1. SEDALIA Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-3-1944 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL CEMETERY

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA

19. (a) 1/3/44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month DECEMBER day 30TH year 1943 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec 30 1943, to Dec 30 1943 that I last saw her alive on Dec 30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar

Due to Fractured R Hip Surgical Neck of Femur

Due to .....

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence 080

(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 [signature] (M. D. or other)
Address Sedalia Mo Date signed 12/31/43

102 2 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-7-44

## 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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Dillalia

**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.**

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 948

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 1

**1. PLACE OF DEATH:**

(a) County Pettis

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

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

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

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

If yes, name country

**3. (a) PRINT FULL NAME** Agnes E. Balke

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 30 (Day) 1858 (Year)

8. AGE: Years 85 Months 11 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 30
year 1943 hour minute 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.

Immediate cause of death Pneumonia Labor

Due to

Due to Fractured R. Hip. surgical neck of femur

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 195 el
99
Of autopsy N.M.D.

Duration

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

3888