S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1944

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 6407

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville mo

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

(c) Name of hospital or institution: Laughlin S

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 997

(a) State Iowa (b) County Jones 13

(c) City or town Monticello Iowa

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

(d) Street No. 233 No. Hill

(If rural, give location)

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

If yes, name country 9

3. (a) PRINT FULL NAME ANNA MARGARET BALSTER

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 Robert H.

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March (Month) 28 (Day) 1902 (Year)

8. AGE: Years 41 | Months 10 | Days 22 | If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name John H. Eden

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Margaret Hanken

15. Birthplace Monticello Iowa (City, town, or county) (State or foreign country)

16. (a) Informant J. N. Balster

(b) Address Monticello, Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Monticello Iowa

18. (a) Signature of funeral director Summers & Howell

(b) Address Kirksville Mo

19. (a) 2/20/44 (Date received local registrar) (b) Mrs. H. C. Wigner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1944 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from February 19, 1944 to February 20, 1944 that I last saw her alive on February 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilitation of the Heart	few minutes
Due to: Cardiac decompensation	
Due to: Tachycardia	about 15 yrs.
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 Joyce Guernsey (M. D. or other) DO

Address Laughlin Hospital Date signed 2/20/44

Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 27 1947

RECEIVED
District Health Officer No. 10
District File Number 3-44-520
Date Filed MAR 8 1944

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 John W. Brantley, Registered Apprentice No. ....., working under my personal supervision.

Signed W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Kirksville 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.