

FILED MAR 6 1944

Registration District No. 199

Primary Registration District No. 5721

Registrar's No. 3

1. PLACE OF DEATH: Macon  
 (a) County Callao  
 (b) City or town Callao Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Callao Imp  
 (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)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Macon  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? - (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME MARY J. BALLENGER  
 3. (b) If veteran, name war -  
 3. (c) Social Security No. -

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 4 day 7  
 year 1944 hour 5 minute 10 A.M.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife John Ballenger  
 6. (c) Age of husband or wife if alive 36 years  
 7. Birth date of deceased: (Month) 3 (Day) 11 (Year) 1856

21. I hereby certify that I attended the deceased from June 5 1944 to Feb 5 1944  
 that I last saw her alive on Feb 5 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Ascending Paralysis Duration 20 Day

8. AGE: Years 87 Months 10 Days 26 If less than one day - hr. - min.

Due to -  
 Due to -

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

Other conditions Arteriosclerosis 12x  
 (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations -  
 Of autopsy no  
 PHYSICIAN J. L. J.  
 Underline the cause to which death should be charged statistically.

11. Industry or business -

12. Name John Brown

13. Birthplace Randolph Co. MO  
 (City, town, or county) (State or foreign country)

14. Maiden name Gene Baker

15. Birthplace Randolph Co. MO  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lora Ballenger

(b) Address Callao MO

17. (a) Burial (b) Date thereof 2-9-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callao MO

18. (a) Signature of funeral director H. J. Edwards

(b) Address Callao MO

19. (a) Feb 12 1944 (b) H. J. Edwards  
 (Date received local registrar) (Registrar's signature)

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? -

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

23. Signature Robert J. Powell (M. D. or State)  
 Address New Orleans MO Date signed Feb 9 1944

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

1043

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 3-44-451

Date Filed MAR 4 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.....

....., Registered Apprentice No.....

working under my personal supervision:

Signed M. E. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier, 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.