

No. 2
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5-17-39
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31305

FILED OCT 6 1944

State File No. _____

Registration District No. 199

Primary Registration District No. 5721

Registrar's No. 12

1. PLACE OF DEATH: *Macon*

(a) County *Macon*

(b) City or town *Callas Rural*
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution. *1* (Specify whether years, months or days)

In this community *1* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Macon*

(c) City or town *Callas Rural*
(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 *JOHN H. BALLENGER*

3. (b) If veteran, name war *✓*

3. (c) Social Security No. *1*

4. Sex *Male*

5. Color or race *wh.*

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

6. (b) Name of husband or wife *Mrs. S. Ballinger*

6. (c) Age of husband or wife if alive *63* years

7. Birth date of deceased *7-25-1876*
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *9* day *20*
year *1944* hour *8* minute *19* M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years *68* Months *1* Days *25* If less than one day _____ hr. _____ min.

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

10. Usual occupation *Farmer*

Immediate cause of death *Killed by automobile*
was run over on county
highway. Body crushed and
Due to *Concussion of Brain.*

Due to _____

MOTHER FATHER

11. Industry or business _____

12. Name *John S. Ballinger*

13. Birthplace *Callas Mo.*
(City, town, or county) (State or foreign country)

14. Maiden name *Mary J. Brown*

15. Birthplace *Callas Mo.*
(City, town, or county) (State or foreign country)

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.

16. (a) Informant *John Ballinger*

(b) Address *Callas Mo. R.F. 1*

17. (a) *Burial* (b) Date thereof *9-23-44*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Macon Mo.*

18. (a) Signature of funeral director *H.B. Edwards*

(b) Address *Brewer Mo.*

19. *9-22-1944* (b) *H.F. Allen*
(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) *Accident*

(b) Date of occurrence *9-20-44*

(c) Where did injury occur? *Callas Macon Mo.*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Co. Highway near home

While at work? *no* (Specify type of place) (e) Means of injury *Auto accident*

23. Signature *H.B. Edwards* (a) or other _____
Address *Brewer Mo.* Date signed *9/23/44*

1043

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten scribbles and illegible text at the top of the page.

RECEIVED
District Health Officer No. 10
District File Number 10-44-1645
Date Filed OCT 5 1944

MAR 23 1945

MAR 23 1945

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 *J. S. Edwards*

Licensed Embalmer No. 1961

P. O. Address *B. Lewis 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.