. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

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6
2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6034

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Yes - 7 days (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Washington R.F.D. #2 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA MARY BALLMANN

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hy. Bernard Ballmann
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March (Month) 5 (Day) 1866 (Year)

8. AGE: Years 78 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Krakow (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Home Maker
11. Industry or business Own Home

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

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

16. (a) Informant Wm Ballmann
(b) Address Washington, Mo. R.F.D. #2
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 10, 1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Krakow, Mo.
18. (a) Signature of funeral director Nieburg + Vitt, Inc.
(b) Address Washington, Mo.
19. (a) 1/9/45 (Date received local registrar) (b) Lucille R. Brooks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1943, to Jan 6, 1945
that I last saw her alive on Jan 6, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	Dont know
Due to Dont know	
Due to Dont know 93d	
Other conditions arterio-sclerosis and malignant hypertension (Include pregnancy within 3 months of death)	Dont know

Major findings:
Of operations no operation
Of autopsy no 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 0

23. Signature R. R. Cutler, M.D. (M. D. or other)
Address Washington Mo Date signed 1-8-45

1181

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number.....
Date Filed 3-1-45

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 Lester H. Vett

Licensed Embalmer No. 3254

P. O. Address Washington, 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.