

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

**FILED MAY 11 1945**

**14803**

**1. PLACE OF DEATH**

County Winnemou  
 Township Wagon  
 City Walker (Rural)

Registration District No. 358  
 Primary Registration District No. 6215

File No. \_\_\_\_\_  
 Registered No. 10  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John Balk

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 4 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME John Balk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Reggie Balk Walker

18. BURIAL, CREMATION, OR REMOVAL PLACE Berna Cemetery DATE April 30 1945

19. UNDERTAKER (ADDRESS) Old Waggoner

20. FILED 430 1945 Judy Stone Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1945

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1944 to April 28 1945  
 I last saw him alive on April 26 1945 Death is said to have occurred on the date stated above, at 9:54 a.m.  
 The principal cause of death and related causes of importance were as follows:

Hypertension heart disease Date of onset \_\_\_\_\_

Other contributory causes of importance: old age - Hypertrophy of prostate

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) O. B. Davis, M. D.  
 (Address) Walker Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Special Agent in Charge No. 7.

Case No. 4-45-429

Date Filed 6-10-45

I hereby certify that I embalmed the body of  
John Balk, sr.

Signed *W. W. A. 99000*

License No. 2709

Harwood, Missouri