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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

23333

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1945

State File No.

Registration District No. 8 Primary Registration District No. 5328 Registrar's No.

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Leasburg "RURAL"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(c) City or town Leasburg "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 William H. Balmer
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March (Month) – 6 (Day) – 1860 (Year)
8. AGE: 84 Years, Months 11, Days 13, If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired – Merchant
11. Industry or business
MOTHER FATHER
12. Name Charles Balmer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace ✓ (City, town, or county) (State or foreign country)
16. (a) Informant Agnes Culver
(b) Address Leasburg, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo
18. (a) Signature of funeral director Elbert E. Long
(b) Address Bourbon, Mo
19. (a) Feb 19 45 (Date received local registrar) (b) W. F. Irwin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 th year 1945 hour minute M.
21. I hereby certify that I attended the deceased from Feb. 10, 1945, to Feb 19, 1945 that I last saw him alive on Feb 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocarditis
Due to
Due to
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? (c) Means of injury
23. Signature W. F. Irwin (M. D. or other)
Address Leasburg Date signed 2-28-45

204 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 745-350
Date Filed 7-24-45

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 Elbert E. Long

Licensed Embalmer No. 3504

P. O. Address Bourbon 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.