. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33641

State File No.

FILED OCT 29 1945

Registration District No. 99 Primary Registration District No. 5376 Registrar's No.

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Rural Grandview Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4½ northwest of Cameron
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Kalb
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4½ miles N.W. of Cameron
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hannah Prudence Ballinger

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife M M Ballinger

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

7. Birth date of deceased June (Month) 30 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
89	3	6	hr. min.

9. Birthplace No record (City, town, or county) Penn (State or foreign country)

10. Usual occupation at home

11. Industry or business Home keeper

MOTHER FATHER

12. Name Ruel Frost

13. Birthplace No record (City, town, or county) Penn (State or foreign country)

14. Maiden name Sophia Allen

15. Birthplace No record (City, town, or county) Penn (State or foreign country)

16. (a) Informant Roy M Ballinger
(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Delano Cem

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron

19. (a) (Date received local registrar) (b) Roscoe Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
year 1945 hour minute 4:00 P.M.

21. I hereby certify that I attended the deceased from Oct 1, 1945, to Oct 6, 1945; that I last saw h-m alive on Oct 5, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to General arterial Sclerosis	
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? (e) Means of injury

23. Signature Rinehart Jones (M. D. or Other)
Address Cameron Mo Date signed 10-8-45

1537 (Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3960

P. O. Address .....

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.