

**FILED NOV 26 1945**  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
(Home) 2624 Jackson Ave. /  
(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 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 2624 Jackson Ave. **8**  
(If rural, give location)

(e) Citizen of foreign country? yno **0**  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Luther L. Ballenger

3. (b) If veteran, name war no

3. (c) Social Security No. 486-26-3025

20. DATE OF DEATH: Month Nov. day 6th.  
year 1945 hour 10 minute 40 **A.M.**

4. Sex Male  5. Color or race White

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

6. (b) Name of husband or wife Lou Ballenger

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. 16th. 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1940 to 11/6/45, 19...;  
that I last saw him alive on 11/5/45, 19...;  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage **9**  
Repetitive  
hypertension

Due to Atherosclerosis + began heart disease

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired furniture repairman

Other conditions none  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Elija Ballenger **9**

13. Birthplace Unknown

14. Maiden name Sally Ballenger  
(City, town, or county) (State or foreign country)

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Major findings: none **938**

Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lou Ballinger

(b) Address 2624 Jackson Ave. K.C. Mo.

17. (a) burial (b) Date thereof 11/8/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? ton, Mo.

(c) Place: burial or cremation Oak Hill Cem. Carrollton, Mo.

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th. St. K.C. Mo.

19. (a) 11-6-45 (b) Geraldine Palmer  
(Date received local registrar) (Registrar's signature)

While at work?  (Specify type of place)

(c) Means of injury m-o.

23. Signature [Signature] (of, D. or other) **m-o.**

Address 1500 S. 24th St. Date signed 11/6/45

**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.....

Licensed Embalmer No.....

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.**