

No. 2
1-4-41
1-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAR 15 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **6604**

Registration District No. **249**

Primary Registration District No. **4372**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Madawson
 (b) City or town Burlington Junction
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 53 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Madawson
 (c) City or town Burlington Junction
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Samuel Perry Ballenger
3. (b) If veteran, name war _____ **3. (c) Social Security** No. 4

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 27 year 1946 hour 11 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb 1944 to Jan 26 1946
 that I last saw him alive on Jan 26 1946
 and that death occurred on the date and hour stated above.

4. Sex male **5. Color or race** white
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Susan Jane **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased Oct. 9 1859
 (Month) (Day) (Year)

Immediate cause of death Cardiac Failure
 Due to senility
 Due to _____

8. AGE: Years 86 Months 3 Days 18 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy no 102

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

10. Usual occupation Blacksmith

11. Industry or business _____
12. Name Wm Ballenger
13. Birthplace Franklin Mo.
 (City, town or county) (State or foreign country)
14. Maiden name Mary Darby
15. Birthplace Hanzelgroh W. Va.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
no 102

16. (a) Informant Clarence Ballenger
(b) Address Burlington Junction, Mo

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? _____
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

17. (a) Burial _____ **(b) Date thereof** Jan. 30-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mar Cemetery, Elmo, Mo

18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo

23. Signature Marvin R. R. R. (M. D. or other) 2
Address Elmo, Mo **Date signed** 2-4-46

19. (a) Feb. 8 1946 **(b)** Mrs. Chas. Ferguson
 (Date received local registrar) (Registrar's signature)

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

4

3303

Embalmer's License

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....
..... *myself* Registered Apprentice No.....
working under my personal supervision.

Signed.....

Stanley Swanson

Licensed Embalmer No. *3963*

P. O. Address. *Hopkins, 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.