

FILED
Registration District No. 113

June 2 1946

Primary Registration District No. 5463-A

State File No. _____

Registrar's No. 19

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Strafford
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 2 Strafford, Mo!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 15 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Strafford
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Daisy Boller Baldu

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wallace Baldu 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 4, 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace West Detroit, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Mr. Boller

12. Name Jack Boller

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Keateman

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

16. (a) Informant Wallace Baldu

(b) Address Strafford, Mo.

17. (a) Buried (b) Date thereof 6-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walsfield, Mich

18. (a) Signature of funeral director Alvin E. Spivey Home

(b) Address Springfield, Mo.

19. (a) June 26, 46 (b) Harvey E. Grier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1946 hour 5:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 6-22
to 6-26, 1946
that I last saw her alive on 6-23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature D. P. H. Fretz (M. D. or other) _____
Address Strafford, Mo. Date signed 6/26/46

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Lewis G Scharpf

..... Licensed Embalmer No. *386*

..... P. O. Address *Springfield, 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.