

FILED SEP 26 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 000

Primary Registration District No. 5725

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Macon
 (b) City or town Macon Rural Bedson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Macon County Infirmary 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61
 (c) City or town Macon 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 2
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph A. Balmberger

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

4. Sex Male 5. Color or race White 6. (a) Single, Single, widowed, married, divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 5-1-1863
 (Month), (Day) (Year)

8. AGE: Years 83 Months 2 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Benjamin Balmberger
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Ann Gresham
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Grant Balmberger

(b) Address Callao Mo

17. (a) Burial (b) Date thereof 8-8-1946
 (Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jim Cemetery Callao Mo

18. (a) Signature of funeral director W. G. Edwards

(b) Address Bevier Mo

19. (a) Sept 8-46 (b) John McNeely
 (Date received local registrar) (Registrar's signature)

195 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6
 year 1946 hour 1 minutes 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1945 to Aug 6 1946
 that I last saw him alive on Aug 4 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 wk.
 Due to Arteriosclerosis Septicemia See p. 0.
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 83A
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Howard Miller (M. D. or vet.)
 Address Macon Date signed 8/15/46

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

3
1-39
X37823

RECEIVED
District Health Officer No. 10
District File Number 9.46.1765
Date Filed SEP-20-1946

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 *H. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address Beverly 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.