

FILED NOV 19 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40700

Registration District No. 358

Primary Registration District No. 6215

Registrar's No.

1. PLACE OF DEATH: **Vernon**

(a) County: **Walker (Rural) Osage Twp**

(b) City or town: **Walker (Rural) Osage Twp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **/**
(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: **108**

(a) State: **Missouri** (b) County: **Vernon**

(c) City or town: **Walker (rural)**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: **Dick Balk**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **6**
year **1947** hour **7** minute **15** AM.

4. Sex: **M** **D** 5. Color or race: **W**

6. (a) Single, widowed, married, divorced: **M** **/**

6. (b) Name of husband or wife: **Katie Balk**

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

7. Birth date of deceased: **July 1 1947**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 15**, 19**47** to **Nov 6**, 19**47**
that I last saw him alive on **Nov 2**, 19**47**
and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **4** Days **5** If less than one day _____ hr. _____ min.

Immediate cause of death: **Carcinoma Rectum**

Due to: **Dont know 1/10/47**

Due to: **none.**

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

9. Birthplace: **farmer**
(City, town, or county) (State or foreign country)

11. Industry or business: **farmer**

MOTHER FATHER { 12. Name: **-Anna-Balk John Balk**

13. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name: **Anna Flesner**

15. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Dick Balk**

(b) Address: **Walker, Mo.**

Major findings: **Carcinoma Rectum**

Of operations: **Carcinoma Rectum**

Of autopsy: **no autopsy**

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

17. (a) **Burial** (b) Date thereof: **Nov. 8 '47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Berea**

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? **✓**

18. (a) Signature of funeral director: **Clifford**
Harwood, Missouri

(b) Address: _____

19. (a) **Nov 8-1947** (b) **Mrs. Sarah E. Gray**
(Date received local registrar) (Registrar's signature)

While at work? **W. Love Mrs** (Specify type of place) (e) Means of injury

23. Signature: **W. Love Mrs** (M. D. or other)

Address: **Nevada, Mo** Date signed: **Nov 7/47**

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

67-81-11
EEET-LT-07

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..... *William J. Jones*

Licensed Embalmer No. 2709

P. O. Address..... Harwood, 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, above space should be left blank.