

No. 2
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-17-39
X47970

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32279
Registrar's No. 193

Registration District No. 59 Primary Registration District No. 5217

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural - Center Twp
(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 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass
(c) City or town Harrisonville Mo
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry William Ballinger Jr
3. (b) If veteran, name war yes World War 2 3. (c) Social Security No. 512-14-4627

MEDICAL CERTIFICATION
4. DATE OF DEATH: Month OCT. day 29 year 1948 hour 11 minute 20 AM

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Margaret Ballinger 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Feb 11 1922
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death ELECTROCUTION, ACCIDENTAL
Due to FALL ACROSS TELEPHONE WIRE CHARGED WITH ELECTRICITY
Due to _____
Other conditions (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
26 8 18 hr. min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Maple Hill Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Telephone Repairman

11. Industry or business _____

12. Name Harry William Ballinger

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

14. Maiden name Emily Knapp

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

16. (a) Informant Mrs. Fred Spaul
(b) Address 3916 Penn R.F. Mo

17. (a) Rural (b) Date thereof Oct 31-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial Maple Hill Kansas

18. (a) Signature of funeral director WINNENRÜGGER'S
(b) Address HARRISONVILLE, MO

19. Oct. 29. 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 10-29-48
(c) Where did injury occur ARCHIE OWENS MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? FARM
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature OT Hargis (M. D. or other) MD
Address Harrisonville Mo Date signed 10/29/48

(Licensed Embalmer's Statement on Reverse Side) Coroner, Cass Co.

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

NOV 4 1948

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 _____

E. R. Remmenburg

Licensed Embalmer No. _____

3368

P. O. Address _____

Harrisonville

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.