

FILED JAN 24 1949

48-77350

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

42868

BUREAU OF THE CENSUS
FILED JAN 2 1949

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 336

Primary Registration District No. 6127

Registrar's No.

1. PLACE OF DEATH:

- (a) County Warren, Missouri
- (b) City or town Warrens, Mo
(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 _____
years, months or days)

3. (a) PRINT

FULL NAME Amos Eugene Ballance

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____
4. Sex m 5. Color or race W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 1 1948
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	6	19	4	hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Robert Eugene Ballance
13. Birthplace Warrens, Mo (City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Ballance
15. Birthplace Warrens, Mo (City, town, or county) (State or foreign country)

16. (a) Informant H. E. Ballance
- (b) Address Warrens, Mo
17. (a) Buried (b) Date thereof 12-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Warrens Cemetery
18. (a) Signature of funeral director none
- (b) Address _____
19. (a) 1-15-49 (b) W. H. Rasmussen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Warren
- (c) City or town Warrens, Mo Rural
(If outside city or town limits, write "RURAL")
- (d) Street No. near Warren
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 1948 hour 4 am minute _____ M.
21. I hereby certify that I attended the deceased from Dec 1948
_____, 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 _____

Heart, unattended

Due to _____

1945-2

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

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 _____

23. Signature W. H. Rasmussen (M. D. or other) _____

Address Warrens, Mo Date signed 12/19/48

RECEIVED. 1-18-49
District Health Officer No. 5
District No. 11964
Date Filed 1-22-49

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.