

FILED MAR 8 1947
Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 412 E. Green St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Balke

3. (b) If veteran, name war V

3. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30, year 1944 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1939 to Jan 30, 1944.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Josephine Balke

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased September (Month) 5 (Day) 1868 (Year)

that I last saw him alive on January 30, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of gall bladder ?

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions myocarditis
(Include pregnancy within months of death)

9. Birthplace Upper Lehigh Penna
(City, town, or county) (State or foreign country)

10. Usual occupation Railroading

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

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

MOTHER - FATHER

12. Name Henry Balke

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

14. Maiden name Augusta Anger

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

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? _____

16. (a) Informant Carman J. Goss

(b) Address 316 E. Green St. Clinton, Mo

17. (a) Burial (b) Date thereof Feb 1 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Spore & Son

(b) Address Clinton

19. (a) February 1 1944 Georgia Kitchen
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury D

23. Signature Jay B. Ball (M. D. or other) M.D.

Address Clinton, Mo Date signed 1-21-44

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

12
1
2

DEC 13 1946

RECEIVED

District Health Officer No. 7.

District File Number 2-44-205

Date Filed 3-4-47

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 me

working under my personal supervision. Registered Apprentice No. 3954

Signed W. Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Clinton, 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.

MAR 15 1947