

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D MAY 17 1938

14363
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198
 (b) Township Freedom Primary Registration District No. 3011
 (c) City Excelsior Springs (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 56

2. PRINT FULL NAME

(a) Residence, No. Beverly St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

400

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Ball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 1856

7. AGE YEARS 81 MONTHS 7 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Ky

FATHER 13. NAME Thadom Ball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Geo. R. Ball (ADDRESS) Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE April 17 1938

19. FUNERAL DIRECTOR Claude P. Michael (ADDRESS) Excelsior Springs Mo.

20. FILED Apr 17 1938 Kosum M. Barker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset _____

Other contributory causes of importance: General arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Dr. Wong Crown Hill Mo.
Liberty Clay County Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Claude Pritchard....., Licensed Embalmer No. 2751

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Claude Pritchard

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Claude Pritchard

Licensed Embalmer No. 2751

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.)