

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17913

Do not use this space.

1. PLACE OF DEATH

(a) County audrain Registration District No. 24
 (b) Township Crane Primary Registration District No. 4018
 (c) City Ladsonia or
 (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Argabella Meade Ball
 (a) Residence, No. Ladsonia Mo. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hampton Ball
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1845
 7. AGE YEARS 93 MONTHS 4 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Own home
 10. Date deceased last worked at this occupation (month and year) Apr. 1939 11. Total time (years) spent in this occupation all her life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.
 13. NAME Benjamin Elliott Ball
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper Va.
 15. MAIDEN NAME Missouri Ann McRobert
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.
 17. INFORMANT (ADDRESS) Grace Rice Warmoth Centralia Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesburg Mo. DATE May 6, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Meade Jonesburg Mo.
 20. FILED 5-4-1939 W. K. McCall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 1939, to May 4, 1939
 I last saw her alive on May 4, 1939 Death is said to have occurred on the date stated above, at 8:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Mycarditis
 Date of onset _____
 Other contributory causes of importance: Senility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 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) W. K. McCall, M. D.
 21 (Address) Ladsonia Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1117

Date Filed JUN - 7 1939

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 myself

Ray Means, Registered Apprentice No. _____
working under my personal supervision.

Signed

Ray Means

Licensed Embalmer No. 3743

P. O. Address Fonesburg, 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.