

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

35495
Do not use this space.

1. PLACE OF DEATH **NOV 8 1939** Registration District No. **85**
 (a) County **Buchanan** Primary Registration District No. **1001**
 (b) Township.....
 (c) City **St. Joseph** (d) Street No. **Mo. Meth. Hospital** St.
 (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 **THELMA RUTH BALLARD**
 (a) Residence, No. **2416 S. 16th.** 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.L. Ballard (Lels)				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4th. 1901				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or mth.
	37	11	27	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. clerk			
	9. Industry or business in which work was done, as saw mill, bank, etc. J.C. Penny's			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo. (STATE OR COUNTRY) Mo. O				
FATHER	13. NAME Charles F. Harris			
	14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana			
MOTHER	15. MAIDEN NAME Humphrey			
	16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kansas			
17. INFORMANT Miss Ollie Harris (ADDRESS) 2504 S. 16th. St. Joseph, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Oct. 5th. 1939				
19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.				
20. FILED 10/5 1939 St. Joseph Mo. Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1st. 1939	
22. I HEREBY CERTIFY That I attended deceased from Oct 1 1939 to Oct 1 1939	
I last saw her alive on Oct 1 1939 . Death is said to have occurred on the date stated above, at 9.15am . The principal cause of death and related causes of importance were as follows:	
Shock Cerebral Hemorrhage	Date of onset 10/1/39
Other contributory causes of importance: Fractured jaw Fractured femur	
Name of operation none	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 Oct 1 1939 Where did injury occur? near of Platte City Mo (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Highway	
Manner of injury Auto Collision	
Nature of injury Fractured jaw Head injuries	
24. Was disease or injury in any way related to occupation of deceased? No	
(Signed) W.L. Kerney	M. D.
(Address) St Joseph Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

SDM-9-19-38 I X16603

OCT 1 1946

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE _____

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.....

C. J. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph, 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.