

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.

330 MAY 2 1939

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

35769

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 164
 (b) Township Benton Primary Registration District No. 5229
 (c) City Jerico Spgs, Mo (d) Street No. 4076 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

46 MEREDITH E. BALLARD
 (a) Residence, No. Cedar Co. Jerico Spgs, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 1926
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 10 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Jerico Spgs, Mo

FATHER 13. NAME Chas. O. Ballard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Mo

MOTHER 15. MAIDEN NAME Mary S. Liles
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Mo

17. INFORMANT Chas. O. Ballard
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE ANNA-EDNA CEM DATE 11-8-1939

19. FUNERAL DIRECTOR Rev. P. Long
 (ADDRESS) JERICO SPRINGS, MO

20. FILED Oct 11 1939 Mrs. Mary Hefner
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1939, 19... to Oct. 6, 1939, 19...
 I last saw him alive on Oct. 6, 1939, 19... Death is said to have occurred on the date stated above, at 5 A.m.
 The principal cause of death and related causes of importance were as follows:

Surgery for ruptured of the appendix - Aug. 6, 1939
Surgery for drainage of a liver abscess - Sept. 9, 1939
Other contributory causes of importance - Acute Endocarditis - Oct. 5, 1939

Name of operation 121 Date of 121
 What test confirmed diagnosis? 121 Was there an autopsy? N.O.

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? N.O.
 If so, specify J. H. Bennett D.O.
 (Signed) 1557 (Address) Jerico Springs, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 11-39-2242

Date Filed 11-6-39

STATEMENT BY LICENSED EMBALMER

I, Pr. P. Long, Licensed Embalmer No. 3714
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Pr. P. Long
L. E.
No. 3714 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Pr. P. Long
Licensed Embalmer No. 3714

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.)