

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3141**

Registration District No. **78-8**

Primary Registration District No. **5186C**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Montgomery**
(b) City or town **Near Mineola Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 yrs**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Nathaniel Ball**

3. (b) If veteran, name war **400**
3. (c) Social Security No.

4. Sex **Male**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maude**
Maude Ball
6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Aug 11 th 1883**
(Month) (Day) (Year)

8. AGE: Years **56** Months **4** Days **29**
If less than one day hr. min.

9. Birthplace **Wellsville Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **no**

12. Name **John T. Ball**

13. Birthplace **no**

14. Maiden name **Susie Mahoney**

15. Birthplace **no**

16. (a) Informant **Jesse Dixon**

(b) Address **Mineola Mo**

17. (a) **Burial** (b) Date thereof **I/12/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Covington Cemetery**

18. (a) Signature of funeral director **C. J. Anderson**

(b) Address **Montgomery City Mo**

19. (a) **1-15-40** (b) **Mr. Tom Page**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**
(c) City or town **Near Mineola Mo RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **11**
year **1940** hour **4** minute **0** M.

21. I hereby certify that I attended the deceased from **Jan 13th** 19**39** to **Jan 11** 19**40**
that I last saw him alive on **Jan 3** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis with Pulmonary Congestion
Due to **Chronic Nephritis with Uremia**
Due to **a Rheumatic Heart**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**
(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?

While at work? (Specify type of place)
(e) Means of injury

23. Signature **E. J. T. Anderson** (M. D. of **Mo.**)

Address **Montgomery City** Date signed **1/13/40**

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.