DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

10603

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 262

Registration District No. 164 Primary Registration District No. 5229 Registrar's No.

1. PLACE OF DEATH:
(a) County Cedar [illegible]
(b) ~~City or town~~ ~~Rural Cen~~ Jerico Spg, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 15 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cedar
(c) City or town Jerico Spg. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY-SUSAN-BALLARD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife CHAS. O. BALLARD
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Oct - 18 - 1900 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	5	2	hr. min.

9. Birthplace Richmond, Ray Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation housewife
11. Industry or business Farming
FATHER 12. Name John W. Liles
13. Birthplace Lost Creek, Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Charlotte Williams
15. Birthplace Richmond, Mo (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Chas O. Ballard
(b) Address Jerico Spg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation Anna Cora Cem
18. (a) Signature of funeral director M. P. Long
(b) Address Jerico Spg. Mo
19. (a) 3-30-1940 (Date received local registrar) (b) Mrs Mary Hefner (Registrar's signature) 55

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1940 hour 6.00 minute 30 A.M.
21. I hereby certify that I attended the deceased from March, 1940, to Death, 1940, that I last saw her alive on Mar 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 hr.
Due to Atherosclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature James O. Hebert (M. D.) ~~(Dr...)~~ MD
Address Stockton Mo Date signed 3-27-40

(Licensed Embalmer's Statement on Reverse Side)

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.

...USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

X19511

9418

RECEIVED
District Health Officer No. 7,
District File Number 4-40-412
Date Filed 4-9-40

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..... R. D. Long

Licensed Embalmer No. 3714

P. O. Address Jerico Spg. Tex

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

E. No. 2B
—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10603

Registration District No. 164 Primary Registration District No. 329 Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Stockton Dec

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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.

3. (a) PRINT FULL NAME Mary Susan Ballard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20

year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to Arteriosclerosis

Due to There was no puerperal state

Other conditions (Include pregnancy within 3 months of death) 94 lb

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James L Flaherty (M. D. or other)

Address Stockton Mo Date signed

SUPPLEMENTARY

S-10603