

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19304

State File No.

Registrar's No.

Primary Registration District No.

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

1. PLACE OF DEATH

(a) County PUTNAM
(b) City or town UNIONVILLE
(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 4-5

3. (a) PRINT FULL NAME JOHN HENRY BALLARD

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY JANET 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased JUNE 6 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation FARMING

11. Industry or business FARM

12. Name JAMES HUSTON BALLARD

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

14. Maiden name MARY COLBERT

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

16. (a) Informant Nettie Ballard

(b) Address UNIONVILLE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 25 1940
(Month) (Day) (Year)

(c) Place: burial or cremation LUCERNE CEMETERY

18. (e) Signature of funeral director Constock Funeral Home

(b) Address UNIONVILLE

19. (a) MAY 23 1940 (Data received local registrar) (b) H. W. Ballard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM

(c) City or town LUCERNE
(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 MAY day 23
year 1940 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from March-3 1939 to May-23 1940
that I last saw him alive on May 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Prostate
Chr. nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations MAR. 3-1940. Resection Prostate Tissue
Of autopsy

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?

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

23. Signature Neal Martin (M. D. or other)

Address Unionville Date signed 5/25/40

RECEIVED

District Health Officer No. 10

District File Number 6-40-1103

Date Filed JUN 6 1940

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 _____

James W. Comstock
working under my personal supervision.

Registered Apprentice No. 1325

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville

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.