

FILED SEP 16 1940

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

27866
Do not use this space.

1. PLACE OF DEATH 2
 (a) County Barton Registration District No. 41
 (b) Township Ozark 0 Primary Registration District No. 5062 Registered No. _____
 (c) City Liberal (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Charles Wesley Ball
 (a) Residence, No. Liberal, Missouri 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 male 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 Ida Bell Ball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 9 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer (retired)
 9. Industry or business in which work was done, as saw mill, bank, etc. Own farm
 10. Date deceased last worked at this occupation (month and year) 10 years 11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1

FATHER 13. NAME James Ball
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

17. INFORMANT Mrs. Ida Bell Ball
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Barton Co. Cemetery DATE Sept. 11 1940

19. FUNERAL DIRECTOR Berkley Funeral Service
 (ADDRESS) Spilberry, Kansas

20. FILED Sept. 14 1940 J. R. Drell M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 10 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 1940 to Sept. 10 1940
 I last saw him alive on Sept 6, 1940. 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:
Cerebral Hemorrhage
(Left side paralyzed.)
Arterial Hypertension
 Date of onset Sept. 2, 1940

Other contributory causes of importance:
Arterial Hypertension Aug. 1940

Name of operation _____ 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 _____, 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? No
 If so, specify _____
 (Signed) Bern T. Bickel, M. D.
 (Address) Lamar, Missouri

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.

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - PERMANENT RECORD

1-12200

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)