

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41947**
Registrar's No. **1306**

FILED JAN 8 1940
85

Primary Registration District No. **5127**

FILED-DEC-20-1940

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town "Rural" Washington Twsp.
(c) Name of hospital or institution: R.F.D.#6 St. Joseph, Mo.
(d) Length of stay: In hospital or institution None
In this community 51 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town "Rural"
(d) Street No. R.F.D.#6 St. Joseph, Mo.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME John Edward Ballard

3. (b) If veteran, name war World War 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Ballard 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 18, 1889.

8. AGE: Years 51 Months 8 Days 25 If less than one day

9. Birthplace Frazier Missouri

10. Usual occupation Farmer

11. Industry or business

12. Name John Wesley Ballard

13. Birthplace Unknown Kentucky

14. Maiden name Susan McQueen

15. Birthplace Frazier Missouri

16. (a) Informant Mary Ballard

(b) Address R.F.D.#6 St. Joseph, Mo.

17. (a) Burial (b) Date thereof Dec. 16, 1940
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director H.O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Dec 16, 1940 (b) J. D. Mastleburg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 13th
year 1940 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from viewed the body, Dec. 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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?

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

23. Signature E. J. Grant (M. D. or other) M.D.
Address St. Joseph, Mo Date signed 12-13-40

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

Olson E. Hodges

Licensed Embalmer No.

2729

P. O. Address

1802 Union St

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, fact should be so stated above.