

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5704

State File No. ....

Registrar's No. 476

Registration District No. 399

Primary Registration District No. 1002

48  
38

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

1. PLACE OF DEATH:

(a) County. Jackson

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

(c) Name of hospital or institution: Childrens Mercy Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 14 hours  
(Specify whether years, months or days)

In this community. 14 hours

3. (a) PRINT FULL NAME. Dormilee Ballard  
Baby Ballard

3. (b) If veteran, name war. ---

3. (c) Social Security No. ---

4. Sex. Female

5. Color or race. White

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

6. (b) Name of husband or wife. ---

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

7. Birth date of deceased. Feb. 1, 1941  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>20 hr. 30 min.</u>

9. Birthplace. Hardin Ray Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Infant

11. Industry or business.

MOTHER FATHER { 12. Name. Forest Ballard

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

14. Maiden name. Lorine Demint

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

16. (a) Informant. Forest Ballard

(b) Address. Hardin, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof. Feb. 3, 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation. Liberty Cem.

18. (a) Signature of funeral director. John W. Knipschild  
Hardin, Mo.

(b) Address. Hardin, Mo.

19. (a) 2-3-41  
(Date received local registrar)

(b) M. M. Crowe  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri

(b) County. Ray

(c) City or town. Hardin  
(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 Feb. day 1  
year 1941 hour 14 minute --- M.

21. I hereby certify that I attended the decedent from Jan 15, 1941 to Feb 1, 1941; that I last saw him live on Jan 15, 1941 and that he occurred on the date and hour stated above.

Immediate cause of death. Bronchial Pneumonia Apexia  
nostris

Due to. 127

Due to. 161

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) ---

(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) (If means of injury)

23. Signature. W. H. Miller (M. D. or other)

Address. H. C. Mo. Date signed. ---

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

**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, fact should be so stated above.**