

LEO MAY 19 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14808  
Registrar's No. 87

Registration District No. 460

Primary Registration District No. 5633

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural - Prairie Mt.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3500 S. Holand 4  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

8. (a) PRINT FULL NAME James Wesley Ballaw

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May 3 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 hr. 0 min.

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

10. Usual occupation None

11. Industry or business None

12. Name Chester Ballaw

13. Birthplace Lee's Summit Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Hatten

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

16. (a) Informant Bertha Ballaw  
(b) Address 3500 S. Holand, Independence

17. (a) Burial (b) Date thereof 5/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryland Grove

18. (a) Signature of funeral director George C. Carson  
(b) Address Independence, Mo.

19. (a) 5-6-41 (b) James W. Ballard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1941 hour 50 minute A. M.

21. I hereby certify that I attended the deceased from May 3 1941 to May 6 1941  
that I last saw him alive on May 6 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death A. Thrombosis

Due to Prematurity

Due to 159

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence 5/6/41

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None  
While at work? None (Specify type of place) (e) Means of injury None

23. Signature J. O. Kennedy (M. D. or other) J.M.P.  
Address Little Blue, Mo. Date signed 5/6/41

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

6  
8  
3

**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

*Lloyd C. Carson*

Licensed Embalmer No. *4499*

P. O. Address: *Independence*

**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.**