

Registration District No. 399

Primary Registration District No. 1002

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: General Hospital #2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 4-14-41-5-3-41  
 (Specify whether years, months or days) 68 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4328 Walnut St.  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

William Henry Ballard

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male Color or race Negro

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

6. (b) Name of husband or wife Lula Ballard

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

7. Birth date of deceased 8 2 1872  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Lexington Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Taking care of Blog

12. Name Jack Ballard

13. Birthplace Don't know  
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ballard

15. Birthplace Don't know  
 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

17. (a) Buried (b) Date thereof 5-12-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Green

18. (a) Signature of funeral director Doyle Bro

(b) Address 708 Tracy

19. (a) May 19 1941 (b) H. M. Grone  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3  
 year 41 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-14- 19 41 to 5-3- 19 41

that I last saw him alive on 5-3- 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis with Uremia

Due to Hypertensive Type of Heart Disease with Decompensation

Other conditions 131  
 (Include pregnancy within 3 months of death)

Major findings: 131  
 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) (e) Means of injury ( )

23. Signature [Signature] (M.D. or other) \_\_\_\_\_

Address Gen. Hosp. #2 Date signed 5-9-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

303

**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..... *L. P. Harris*

Licensed Embalmer No. *3388*

P. O. Address..... *K.C. Mo*

**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.**