

FILLED JUL 12 1941

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

21327
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township " " Primary Registration District No. 3099
 (c) City " " (d) Street No. So. E. Mea Hospital Registered No. 2241
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

William Curtis Ballard
 (a) Residence, No. 715 No Henderson St. (If nonresident, give city or town and State)

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 Bertha Ballard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21-1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 0 15
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Insurance Co
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th 1941
 22. I HEREBY CERTIFY, That I attended deceased from May 15th 1941, to June 6th 1941
 I last saw him alive on June 6th 1941. Death is said to have occurred on the date stated above, at 7:30 m.
 The principal cause of death and related causes of importance were as follows:

myocarditis
infected tooth roots causing blood stream infection
 Date of onset April 1941
 Other contributory causes of importance: some years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Womack, Mo.

FATHER
 13. NAME John G. Ballard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Co

MOTHER
 15. MAIDEN NAME Francis Starbird

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve Co

17. INFORMANT (ADDRESS) William Ballard Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE June 8 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthus Lind Co Cape Girardeau, Mo

20. FILED 6-6-41 J.M. Thompson Local Registrar

Name of operation Date of
 What test confirmed diagnosis? symptoms 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) W.P. Schult M. D.
 (Address) Cape Girardeau, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

S.S. 490-10-8605

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. H. Hohler*

Licensed Embalmer No. *1623*

P. O. Address *Cap Girardeau 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, above space should be left blank.