S. No. 2
—1-4-41
5-17-39
PI X26390

76
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25757

Registrar's No. 4

Registration District No. AUG 15 1942

Primary Registration District No. 4386

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 10

(a) State Missouri (b) County Boone 2

(c) City or town Columbia 7
(If outside city or town limits, write "RURAL")

(d) Street No. 0/0 Western Union
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Waldo Trevor Ball

3. (b) If veteran, name war None

3. (c) Social Security No. 429-07-5186

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased May 17, 1916 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
25	2	11	..... hr. ..... min.

9. Birthplace Versailles, Missouri (City, town, or county) O (State or foreign country)

10. Usual occupation Telegraph Operator

11. Industry or business Western Union

MOTHER FATHER

12. Name Lester Lee Ball

13. Birthplace Versailles, Missouri (City, town, or county) O (State or foreign country)

MOTHER

14. Maiden name Irene Burns

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

16. (a) Informant Lester Lee Ball

(b) Address Sedalia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director John F. Heinl

(b) Address Jefferson City, Mo.

19. (a) 7/28/41 (Date received local registrar) (b) Mary L. Player (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Car Accident ✓	
Head Crushed -	
Fractured Skull - Brain Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) MOC 6	
Major findings: Of operations 22	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 28, 1941 07h

(c) Where did injury occur? Westphalia, Osage Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1
Car Accident - (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W. W. Wilfinan Coroner (M.D. or other) D.O.

Address Westphalia, Mo. Date signed 7/28/41

5/3 (Licensed Embalmer's Statement on Reverse Side)

AUG 14 1941

AUG 19 1941

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 Sylvester Dulle, Registered Apprentice No. 292, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3655

P. O. Address [illegible] 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.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25757

Registration District No. 642 | Primary Registration District No. 4386 | Registrar's No. 4

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

1. PLACE OF DEATH

(a) County: Osage
(b) City or town: Westphalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Boone
(c) City or town: Columbia (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Waldo F. Ball
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 28 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from ~~accepted accident highway #63~~; that I last saw the deceased on ~~the date were involved~~; and that death occurred on the date and hour stated above.

Immediate cause of death: Car accident Head crushed Fractured skull brain hemorrhage — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence July 28 1941
(c) Where did injury occur? Westphalia (City or town) Osage (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? car accident (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

Mo Westphalia, Mo.