

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28947

Registration District No. 609

Primary Registration District No. 5808

Registrar's No. 89

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town NEOSHO TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR#3 NEOSHO, MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

ELIAS BALL

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color of race WHITE

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

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

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased APRIL
(Month)

10 (Day) 1870 (Year)

8. AGE:

Years 71 Months 4 Days 9

If less than one day _____ hr. _____ min.

9. Birthplace:

TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation:

FARMER

11. Industry or business:

JOHN BALL

12. Name:

TENN.
(City, town, or county) (State or foreign country)

14. Maiden name:

UNKNOWN

15. Birthplace:

GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant:

Edna Ball

(b) Address:

Neosho, Mo. RR#3

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof:

8-21-41
(Month) (Day) (Year)

(c) Place: burial or cremation:

Edna Springs

18. (a) Signature of funeral director:

Carly T. Johnson

(b) Address:

Neosho, Mo.

19. (a) 8-29-41

(Date received local registrar)

(b)

Orval A. Sale, M.D.
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RR#3 NEOSHO, MO.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 26 1941, to Aug 19 1941; that I last saw him alive on Aug 19 1941; and that death occurred on the date and hour stated above.

Immediate cause of death:

Chronic disease of pancreas + liver

Due to:

Not known

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations H&J

Of autopsy Extensive involvement of pancreas + liver

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 R. C. Larson (M. D. or other) 0

Address Neosho Mo Date signed 8-28-41

Duration

year
a
month

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 941-1476

Date Filed SEP 10 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Andrew Forbis

Licensed Embalmer No. 3649

P. O. Address Neasha, 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.