

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

39128

FILED DEC 12 1941  
Registration District No.

Primary Registration District No. 3914

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County PIKE  
 (b) City or town RURAL FWS INDIANA  
 (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 \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME VICTORIA E. BALL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife R. J. BALL 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased JULY 17 1957  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 4 2 hr. min.

9. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE KEEPER

11. Industry or business \_\_\_\_\_

12. Name J. F. WRIGHT  
 13. Birthplace KENTUCKY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ELIZABETH GOODMAN  
 15. Birthplace KENTUCKY  
 (City, town, or county) (State or foreign country)

16. (a) Informant FANNIE ADAMS  
 (b) Address VANDALIA, MISSOURI  
 17. (a) BURIAL (b) Date thereof NOV 21 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation KILBY CEMETERY  
 18. (a) Signature of funeral director W. S. Waters  
 (b) Address Vandalia, Mo  
 19. (a) Nov 21 1941 (b) Gene E. Hendrix  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County 82  
 (c) City or town RURAL  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7 MILE SOUTH CURRYVILLE  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19  
 year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw him alive on Nov 5 and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac Insufficiency

Duration

30 daysDue to EndocarditisyesDue to ArthritisyesOther 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) \_\_\_\_\_  
 (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? Yes

While at work? \_\_\_\_\_ (Specify type of place) Means of injury Car23. Signature J. M. Williams (M. D. or other) MDAddress Dorsey Green, Mo Date signed 11/23/41

(Licensed Embalmer's Statement on Reverse Side)

621

RECEIVED

District Health Officer No. 10

District File Number 12-41-2165

Date Filed DEC 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 Thos. B. Waters

Licensed Embalmer No. 4169

P. O. Address Paulina M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.