

Registration District No. 411

Primary Registration District No. 2022

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution Two weeks
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(d) Street No. R. R. # 1 Jasper, Missouri
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Charley J. Ball

3. (b) If veteran. name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sylvia Ball 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 28, 1891

8. AGE: Years 50 Months 8 Days 3

9. Birthplace Webb City, Missouri

10. Usual occupation Farmer

11. Industry or business Farm

12. Name George H. Ball

13. Birthplace No Data Ireland

14. Maiden name Martha M. Palmer

15. Birthplace Little Rock, Arkansas

16. (a) Informant Sylvia Ball (widow)

(b) Address Jasper R. R. #1 Missouri

17. (a) Burial (b) Date thereof 12/2/41

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedges Nelson

(b) Address Webb City, Missouri

19. (a) 12-5-41 (b) W. D. James

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1 year 1941 hour 3 minute 30 AM.

21. I hereby certify that I attended the deceased from Aug 29/41 that I last saw him alive on Dec 1 1941

Immediate cause of death Chr. hypertensive heart disease

Due to Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1310 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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. A. Choucri (M. D.) Address Joplin Mo Date signed 12/2/41

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

MOTHER FATHER

Duration

1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

42-1-1873

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 E. W. Hedger
Licensed Embalmer No. 12859
P. O. Address Stebb St, N.Y.

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.