

FILED FEB 16 1942

Registration District No. 713 716

Primary Registration District No. 5945

Registrar's No. 10

1. PLACE OF DEATH:

(a) County. Pulaski
(b) City or town. CROCKER - (RURAL) TAVERN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community. Life years, months or days

3. (a) PRINT FULL NAME Jesse Albert Ballew

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 494-013932

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Ruby Edith Ballew 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased. MAY 27 1901 (Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Pulaski - Co. (City, town, or county) (State or foreign country)

10. Usual occupation Line man

11. Industry or business FE

12. Name David M. Ballew
13. Birthplace Pulaski - Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name. Martha Harrison
15. Birthplace Laclede - Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant MART BALLEW
(b) Address WAYNESVILLE - Mo.
17. (a) Burial (b) Date thereof Oct 28 - 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. HAZLEGREEN Cem.
18. (a) Signature of funeral director. J. L. Hoops & Sons
(b) Address CROCKER - Mo.
19. (a) Feb 9 - 1942 (b) John M. O'Neil (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Pulaski
(c) City or town WAYNESVILLE - 1 (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 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 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Bassal fracture of skull with hemorrhage
Due to _____

Due to Collision of car with tree
Other conditions 170000 (Include pregnancy within 3 months of death)

Major findings: Of operations none made
Of autopsy none made

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 Oct 25, 1941
(c) Where did injury occur? Crocker, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Highway 17) (Specify type of place)
While at work? Yes (e) Means of injury Car accident
23. Signature C. M. Little (M. D. or other)
Address Crocker, Mo. Date signed 11-15-41

RECEIVED

Pulaski County Health Officer

File Number 242-1001

Date Filed 2-13-42

(100007) - 7500079

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 Paul B. Heaps

Licensed Embalmer No. 3261

P.O. Address Waynesville, 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.