

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 13 1942
Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
521 West 11th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 years
(Specify whether years, months or days)
In this community 49 years

3. (a) PRINT FULL NAME Anna Ballard Young

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Edwin H. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 30 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 17 ..hr. min.

9. Birthplace Winchester Ky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name J.W. Hogan
13. Birthplace 9
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Ballard
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Juanita M. Young

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 3/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia

19. (a) 3/20/42 (b) Miss Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 521 West 11th St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 1941 to March 17 1942
that I last saw her alive on March 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Cardiac Decompensation with edema

Due to Chronic interstitial nephritis

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).....
(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 Edgar Stauffer (M. D. or other) D
Address Sedalia, Missouri Date signed 3-20-42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-10-42

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

Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address. Sedalia

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.