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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2805

State File No. .....

Registration District No. 201 Primary Registration District No. 4312 Registrar's No. 531

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Ethel Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County 61 0 0
(c) City or town .....
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Donald Lee 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 Child
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec (Month) 29 (Day) 1932 (Year)
8. AGE: Years 11 Months 0 Days 19 If less than one day ..... hr. ..... min.
9. Birthplace Ethel Macon (City, town, or county) 0 (State or foreign country)
10. Usual occupation Child
11. Industry or business .....
MOTHER FATHER
12. Name James Ball
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)
14. Maiden name Edna Cohoon
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant James Ball
(b) Address Ethel Mo
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Bell Cemetery
18. (a) Signature of funeral director Henry C Young
(b) Address Ethel Mo
19. (a) Jan 20 (Date received local registrar) (b) Orlo Edwards (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1943 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from December 29, 1942, to January 15, 1943; that I last saw him alive on January 15, 1943; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Coronary embolism
Due to ~~acute~~ ~~bacterial~~ probable acute bacterial endocarditis
Due to acute follicular tonsillitis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations N/A
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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Addison Hombs (M. D. or other) .....
Address Ethel, Mo. Date signed 1/18/43

1011 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-43-164
Date Filed Jan 25 1943

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 Harry C. Young, Registered Apprentice No. 3902 working under my personal supervision.

Signed Harry C. Young
Licensed Embalmer No. 3962
P. O. Address Ethel Mo

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

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

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2805

Registration District No. 201 Primary Registration District No. 4312 Registrar's No. 531

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Ethel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Macon
(c) City or town: Ethel, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Donald Lee Bell
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: C
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 29 (Day) 1943 (Year)
8. AGE: Years 11 Months 8 Days If less than one day hr. min.
9. Birthplace: (City, town, or county) Macon Mo (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name (Mother / Father)
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (Mother)
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director: N. C. Yancey
(b) Address: Ethel, Mo
19. (a) (Date received local registrar) (b) Mrs Ollie Edwards (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day Jan 15 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
Due to
Due to
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY