

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6290

Registration District No. 280

Primary Registration District No. 5446 5450

Registrar's No. 18

1. PLACE OF DEATH: - Miller Inf.
(a) County Gentry.
(b) City or town King City Mo. R.R.
(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 All life.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Grace Mae. Ball.
3. (b) If veteran, No.
3. (c) Social Security No. No.

4. Sex Female. 5. Color or race Cau. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife J.W. Ball.
6. (c) Age of husband or wife if alive 51. years
7. Birth date of deceased May. 3. 1896.
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 7 If less than one day hr. min.

9. Birthplace King City R.R. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work.

11. Industry or business.

12. Name John M. Campbell

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Martha A. Gault.
(City, town, or county) (State or foreign country)

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant J.W. Ball, Jr.
(b) Address King City Mo. R.R.

17. (a) Burial. (b) Date thereof 2. 14. 43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berlin Cem.

18. (a) Signature of funeral director R. B. Taggart
(b) Address King City Mo.

19. (a) 2/13/43 (b) James W. Miller
(Date received local registrar) (Registrar's signature)

1108 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED: 38
(a) State Mo. (b) County Gentry.
(c) City or town King City Mo. R.R.
(If outside city or town limits, write "RURAL")
(d) Street No. Miller Inf.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1937
to 1943.
that I last saw him alive on 2/9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.
Carcinoma of right lung
liver, ribs and right arm
Due to left side secondary
to breast (both) amputation
Due to in 1941 -

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 50

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? (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 Dr. Jack A. Barnes (M. D. or other)

Address King City, Mo. Date signed 2/12/43

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

38
0
C

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.....

R. G. Taggart

Licensed Embalmer No. 2563.

P. O. Address King City 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.