

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14442

State File No.

Registrar's No.

FILED MAY 4 1943 41

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Brandsville
(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
In this community since birth
years, months or days)

(1st twin)

3. (a) PRINT FULL NAME Infant-not named) 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 ---

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife If alive --- years

7. Birth date of deceased March 31, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30-45 min.

9. Birthplace Brandsville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business ---

12. Name John Richard Ball

13. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cora Alice Ellison

15. Birthplace Oregon County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Ball

(b) Address Brandsville, Missouri

17. (a) burial (b) Date thereof April 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill Cemetery

18. (a) Signature of funeral director none

(b) Address ---

19. (a) 4-20-43 (b) Virgil S. Bailey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Brandsville, Mo
(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 March day 31
year 1943 hour 8 minute 15 p. M.

21. I hereby certify that I attended the deceased from birth
8-31-43 19... to 4 3-31-43 19...;

that I last saw him alive on 3-31-43 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death premature birth(breach)
weighed 4 pounds, poor vitality

Due to patient under treatment at the
clinic for Luetic infection.

Due to ---

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

Major findings: ---
Of operations ---

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)
Means of injury ---

23. Signature Virgil S. Bailey (M. D. or other)
Address Clinton Arcade, West Plains, Mo Date signed 4/10/

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

1600

460

159

1125

RECEIVED
District Health Officer No. 5.
District File Number. 643264
Date Filed 5-3-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.