S. No. 2
M—9-4-41

FILED
MAY 7 1943

Dr. Presnell

14889

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: W. Cleveland /
(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: 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: Charleston
(If outside city or town limits, write "RURAL")
(d) Street No.: W. Cleveland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Thomas David Ball.
3. (b) If veteran, name war: No.
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Not Known
6. (c) Age of husband or wife if alive: dec'd years
7. Birth date of deceased: May (Month) 21 (Day) 1868 (Year)

8. AGE: Years 73 | Months 10 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: (City, town, or county) Tenn. / (State or foreign country)
10. Usual occupation: Day Laborer
11. Industry or business: Retired
FATHER
12. Name: Not Known
13. Birthplace: (City, town, or county) Not Known (State or foreign country) 9
MOTHER
14. Maiden name: Not Known
15. Birthplace: (City, town, or county) Not Known (State or foreign country) 9
16. (a) Informant: Transy Butler
(b) Address: W. Cleveland, Charleston
17. (a) Removal / (Burial, cremation, or removal) (b) Date thereof: 4-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Trenton, Tenn.
18. (a) Signature of funeral director: J. L. Hummelsp Jr.
(b) Address: Charleston, Mo.
19. (a) 5-1-43 (Date received local registrar) (b) Mrs Lou Mason (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1943 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from One day, 19..., to ..., 19...; that I last saw him alive on March 1, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the liver. — Duration: Don't Know
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

46 f

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: C. C. Presnell (M. D. or other) M.D.
Address: Charleston, Mo. Date signed 4-10-43

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-619
Date Filed 5-6-43

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 John F. Nunnelee Jr

Licensed Embalmer No. 3857

P. O. Address Charlestown

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.