

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1943

Registration District No. 228

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4342

State File No. 14921

Registrar's No.

1. PLACE OF DEATH:

(a) County N. Montgomery
(b) City or town Jonesburg, Mo.
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all of life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sarah Ellen Ball

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife D. A. Ball 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Oct 22 1863 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name S. McClure
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Martha Baker
15. Birthplace Kty. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Emma Hodges

(b) Address Jonesburg, Mo.

17. (a) Burial (b) Date thereof April 13 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg, Mo.

18. (a) Signature of funeral director Earl A. Harding

(b) Address Jonesburg, Mo.

19. (a) 4-24-43 (b) Lillian Jefferson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery
(c) City or town Jonesburg (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 April day 17 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Mar 5 1943 to April 17 1943
that I last saw him or her alive on April 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart Duration 1 day

Due to lobes pneumonia Power 2 days
Rt. Lung

Due to Carcinoma Primary Breast 5 yrs -
Left Breast 2 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

Of autopsy Made 4-17-1943

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 James O. Nelson (M. D. or other)
Address New Florence, Mo. Date signed 4-19-43

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

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.....

Me
.....
working under my personal supervision.

....., Registered Apprentice No.

Signature.....

Licensed Embalmer No. *4115*

P. O. Address *Jonesburg 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.