

FILED OCT 13 1943

Registration District No. 5224

Primary Registration District No. 5224

State File No.

Registrar's No. 176

1. PLACE OF DEATH:

- (a) County Clark
(b) City or town Rural - Grandriver Ints
(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 at home
In this community 70 years (Specify whether years, month or day)

3. (a) PRINT FULL NAME

Rosa Adeline Ballard

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex Fe 5. Color or race Wh. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Mar 4 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 27 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Constant Cooperthwaite

12. Name Constant Cooperthwaite
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hayes
15. Birthplace Ken
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bob Powell

(b) Address 1 - Harrisonville Mo

17. (a) Burial (b) Date thereof Oct 3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parla Kansas

18. (a) Signature of funeral director Arthurson Ross
(b) Address Harrisonville Mo
19. (a) Oct 2, 1943 (b) Margaret Little
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Clark
(c) City or town Dougherty (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1943 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Aug 10, 1943, to Oct 1, 1943, that I last saw her alive on Sept 29, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease with Uremic Comp

Due to

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) (e) Means of injury

23. Signature J. A. Scott (M. D. or other) Margaret Little
Address Harrisonville Mo Date signed

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~~ *personally*,
....., Registered Apprentice No.

working under my personal supervision.

Signed

Floyd Atkinson

Licensed Embalmer No.

3920

P. O. Address

Harrisonville

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

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *oct*

Registration District No. *5-9*

Primary Registration District No. *5-224*

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County *Cass*
(b) City or town *Rural*
(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 _____ years, months or days)

3. (a) PRINT FULL NAME *Rosa A. Ballard*

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 _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *mar 4* (Month) (Day) (Year)

8. AGE: Years *86* Months *6* Days *2* (less than one day) min. *20*

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death *Organic Heart Disease* Duration _____

Due to *with uraemic coma with chronic nephritis*

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)
(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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

31395