

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs Mo
(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 _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME DANIEL LEE BALL

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Sept 10 1943
(Month) (Day) (Year)

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

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

10. Usual occupation none

11. Industry or business _____

12. Name Wm S Ball

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

14. Maiden name Stacy Alexander

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

16. (a) Informant Wm S Ball

(b) Address R. 2 El Dorado Springs Mo

17. (a) Burial (b) Date thereof 9-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Cemetery

18. (a) Signature of funeral director Wm Siders

(b) Address El Dorado Springs Mo

19. (a) Sept. 20 1943 (b) H. L. Alexander
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. R. 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1943 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from Sept. 10 1943 to Sept 18 1943
that I last saw him alive on Sept 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to _____

Due to _____

Other conditions 159
(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)

23. Signature C. H. Sundersmith (M. D. or other) DO.
Address El Dorado spgs. Date signed 9-18-43

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

RECEIVED

District Health Officer No. 7,

District File Number 9-43-1042

Date Filed 10-13-43

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.....

Body not Embalmed, Registered Apprentice No.
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 2084

P. O. Address Edwards Springs, 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.