

FILED DEC 6 1943

Registration District No. _____

Primary Registration District No. 5063

600

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Liberal (Rural) Barton City Twp
(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 1
(Specify whether)

In this community 67 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural Liberal
(If outside city or town limits, write "RURAL")

(d) Street No. Liberal RFD #8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country M

3. (a) PRINT FULL NAME IDA BELLE JEWART BALL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased March 4 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name E. A. Jewart

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

14. Maiden name Sara N. Babb

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

16. (a) Informant Marion Fast

(b) Address Liberal, Missouri, RFD #2

17. (a) Burial (b) Date thereof Oct. 23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barton City Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Oct. 23-1943 (b) Blancher Sackett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1870 1943 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 10 to Oct 20 1943
that I last saw her alive on Oct 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of brain Duration _____

Due to 0

Due to 0

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy None

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? _____ (Specify type of place)

(e) Means of injury E

23. Signature A. G. Edlerson (M.D. or other) 0

Address Liberal mo Date signed Oct 23

1260

(Licensed Embalmer's Statement on Reverse Side)

1943

RECEIVED

District Health Officer No. 6,

District File Number 1143-1229

Date Filed NOV 30 1943

SEP 11 1953

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

Carl J. Kowalski

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.