V. S. No. 2
100M—2-43
Rev. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43525

Registration District No. 300 Primary Registration District No. 6029 Registrar's No.

90

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

1. PLACE OF DEATH:
(a) County Reynolds
(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 60 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Reynolds
(c) City or town Rural
(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

3. (a) PRINT FULL NAME William Winston Ball
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Malinda Brooks Ball
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Jan. (Month) 6 (Day) 1863 (Year)

8. AGE: Years 80 Months 11 Days 14 If less than one day hr. min.

9. Birthplace North Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Wm W. Ball
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Earl Mooney
(b) Address Ellington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ellington Mo.
18. (a) Signature of funeral director Phil A Leuchel
(b) Address Ellington Mo
19. (a) 1-10-44 (Date received local registrar) (b) Essie Evans (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20 year 1943 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from Dec 19, 1943, to Dec. 20, 1943 that I last saw him alive on 12 AM, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	2 days
Due to Hypertension	3 y
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a!

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 A. F. Burgo (M. D. or other)
Address Ellington, Mo Date signed 12-20-43

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14460
Date Filed 1-11-44

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~~ 12-20-43

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Philip A. Funchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Ind

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.