

No. 2  
-5-43  
-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 9 1944  
Registration District No. 222

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31772  
Registrar's No. 4

1. PLACE OF DEATH:

(a) County Pike County  
(b) City or town Annada (Rural)  
(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 years, months or days)

3. (a) PRINT FULL NAME SARAH ELIZABETH BALLARD

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married 2 divorced widowed  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 6 12 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 8 22 hr. min.

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

10. Usual occupation retired housewife

11. Industry or business

MOTHER FATHER { 12. Name Eliza B. Mayo  
13. Birthplace va (City, town, or county) (State or foreign country)  
14. Maiden name Capanda Turner  
15. Birthplace va (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Paulgroves  
(b) Address Annada, Missouri

17. (a) Burial (b) Date thereof 3-6-1988  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg, Cam

18. (a) Signature of funeral director Clifton Muller  
(b) Address Clarksburg, Missouri

19. (a) Mar 2-1944 (b) Maud M. Patton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Annada, Missouri  
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th  
year 1944 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from 2-15-44 to 3-3-44  
that I last saw her alive on 3-4-44 and that death occurred on the date and hour stated above.

Immediate cause of death supposedly Confusion  
Paralysis - Creboel  
Senile dementia  
Due to

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) (d) Means of injury

23. Signature P. V. Telling (M. D. or other)  
Address Elabany, Mo Date signed 3-8-44

1364 (Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 1949

AUG 2 1949

RECEIVED

District Health Officer No. 10

District File Number 4-44-673

Date Filed APR 4 1944

PR 18 194

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 March 4-19

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Clifton Miller

Licensed Embalmer No.

3364

P. O. Address

Elkhart, 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.