

FILED JUN 12 1944
Registration District No. 12 1944

Primary Registration District No. 5431

Registrar's No.

1. PLACE OF DEATH: Franklins

(a) County: Franklin

(b) City or town: Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Prairie Twp
(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

2. USUAL RESIDENCE OF DECEASED: 36

(a) State: Mo. (b) County: Franklin

(c) City or town: Prairie
(If outside city or town limits, write "RURAL")

(d) Street No.: Prairie Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.: _____ years.

3. (a) PRINT FULL NAME: Martha Catherine Ball

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1944 hour 2 minute 15 P. M.

4. Sex: Female

5. Color or race: W

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

6. (b) Name of husband or wife: Robert

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

7. Birth date of deceased: April 17 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 6 1944 to May 13 1944
that I last saw him alive on May 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis

8. AGE: Years 78 Months 0 Days 26
If less than one day _____ hr. _____ min.

Duration _____

Due to _____

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

10. Usual occupation: Nurse work

Other conditions: Congestive Heart Failure
(Include pregnancy within _____ months of death)

MOTHER FATHER

11. Industry or business: _____

12. Name: Jerry Williams

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

14. Maiden name: Liza Crane

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

Major findings: 131a

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Best, Louis

(b) Address: Burbville Mo.

17. (a) Burial (b) Date thereof: May 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Brook

18. (a) Signature of funeral director: Shirwood Mitchell

(b) Address: St. Clair Mo.

19. (a) 5/15/1944 (b) P. J. King M.
(Date received local registrar) (Registrar's signature)

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: W. E. Mitchell (M. D. or other) M. D.
Address: St. Clair Mo. Date signed: 5/13/44

RECORD - MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No
District File Number
Date Filed 6-9-44

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.....

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

working under my personal supervision.

Signed..... *Sherwood Kitchell*

Licensed Embalmer No. 3873

P. O. Address..... *St. Clair, 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.