

7. S. No. 2
OM-8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1944
Registration District No. 287

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25482

State File No. _____

Primary Registration District No. 5979

Registrar's No. 11

1. PLACE OF DEATH:
(a) County Polk
(b) City or town rural - Looney Sup
(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
In this community Life Time (65 yrs 5 mo, 27 da)
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Polk 84
(c) City or town rural
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: Hester Jane Ball
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8
year 1944 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from Jan 1 1944 to July 8 1944
that I last saw h. ET alive on July 8 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Sterling Ball (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan 11 1879
(Month) (Day) (Year)

Immediate cause of death Obstruction of Liver
Due to _____
Due to _____

8. AGE: Years 65 Months 5 Days 27 If less than one day hr. min.
9. Birthplace Brighton Mo 0
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 124 Pl
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Jessie M. Fender
13. Birthplace Brighton Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Emily Bryant
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Sterling Ball
(b) Address Brighton
17. (a) Nickery Grove (b) Date thereof July 12 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nickery Grove
18. (a) Signature of funeral director Hutcherson & Co.
(b) Address Bolivar, Mo
19. (a) July 12, 1944 (b) Hillard Dickerson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Walter T. [unclear] (M. D. or other) MD
Address Springfield, Mo Date signed 7-12-44

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

400

RECEIVED

Dis. of Health Order No. 73

District File number 7-44-951

Date Filed 8-11-44

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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed L. B. Hutcherson

Licensed Embalmer No. 1331

P. O. Address Bellevue, 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.