

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1937

State File No.

FILED FEB 9 1945

5218

Registration District No.

Primary Registration District No.

Registrar's No. 16

1. PLACE OF DEATH: Cass
(a) County. Cass
(b) City or town. Rural Big Creek 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. 50 years / (Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME. Thomas Franflin Ballard
3. (b) If veteran, name war. No
3. (c) Social Security No.

4. Sex male 0 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 1868
7. Birth date of deceased March 6 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Arcola Ill. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name William Ballard
13. Birthplace England (City, town, or county) (State or foreign country)

14. Maiden name Rachel Ann Holes
15. Birthplace West Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Davis
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 1-12-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Mo.

18. (a) Signature of funeral director. Allen Brownfield
(b) Address Pleasant Hill, Mo.

19. (a) Jan 22, 1945 (b) Margaret Toller (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Cass 19
(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? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 10
year 1945 hour 10 a.m. minute. M.

21. I hereby certify that I attended the deceased from March 23 to Jan 9 1945
that I last saw him alive on Jan 9 1945
and that death occurred on the date and hour stated above.
Immediate cause of death. Duration

Pulmonary Edema
Due to Cardiac Pathology

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy
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) (e) Means of Injury

23. Signature J. L. Brownfield (M. D. or other)
Address Pleasant Hill, Mo. Date signed 1-12-45

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

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.....

By me 1-10-45....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Allen Brownfield*

Licensed Embalmer No. *34785*

P. O. Address *Pleasant Hill, 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.