

FILED MAR 14 1945
Registration District No. 23

Primary Registration District No. 5815

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

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town RURAL - VERSAILLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Law Creek Camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community LIFE TIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN
(c) City or town RURAL VERSAILLES
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME CHARLEY E. BALL

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MATTIE SMILEY 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 6th 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 16 If less than one day hr. _____ min. _____

9. Birthplace MORGAN CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JOHN BALL

13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name JALIA SIMS

15. Birthplace COOPER CO MO
(City, town, or county) (State or foreign country)

16. (a) Informant R. C. Neumeier

(b) Address Versailles Mo

17. (a) Burial (b) Date thereof 2-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL, MT. NEBO

18. (a) Signature of funeral director W. G. Gunn

(b) Address Versailles Mo

19. (a) Mar 3-1945 (b) Henny Hipp
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month July day 22nd year 1945 hour 4 minute _____ A.M. _____

21. I hereby certify that I attended the deceased from 9/2/43 to 2-22-45, 1945

that I last saw him alive on 2-20-45, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death organic heart disease Bright's disease
Duration Six to four several years
Due to uraemia one that

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature W. G. Gunn (M. D. or other) _____

Address Versailles Mo Date signed 2/25/45

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Death Officer No. 7,

Disposal File Number 2-45-207

Date Filed 5-13-45

MAY 29 1945

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 W. F. Kennell

Licensed Embalmer No. 1596

P. O. Address Chesalle M

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.

Registration District No. 234

Primary Registration District No. 5815

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural, Sawicki, Mo
(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 years, months or days)

3. (a) PRINT FULL NAME

Charley E Ball

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

April 6 1866
(Month) (Day) (Year)

8. AGE:

Years 78

Months 10

Days

If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country) MO

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 Feb day 22
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to Chronic Bright's disease
Due to Cause unknown

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) (c) Means of injury

23. Signature W.G. Gunn (M. D. or other)
Address Wesley Mo Date signed 3/16/45

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

SUPPLEMENTARY

MOTHER FATHER

MAY 29 1946

6721