

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 16 1945

Registration District No. 79

Primary Registration District No. 4288

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Moscow Mills Mo  
(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)  
In this community In This Community  
years, months or days 6 yr.

3. (a) PRINT

FULL NAME MARTHA ANN BALLARD

3. (b) If veteran, name was none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased Nov 16 1865  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 8 If less than one day  
.....hr. ....min.

9. Birthplace Lincoln County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business \_\_\_\_\_

12. Name James A Goodrich

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

14. Maiden name Mary Graves

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

16. (a) Informant Everett Harrell

(b) Address Moscow Mills Mo.

17. (a) Burial (b) Date thereof Feb 25, 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shornhill Cemetery

18. (a) Signature of funeral director Edwaine M. Boyer

(b) Address Troy Mo

19. (a) Mar 3, 1945 (b) Pauline M. Gagner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
(c) City or town Moscow Mills Mo  
(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

20. DATE OF DEATH: Month Feb day 24  
year 1945 hour 9 minutes 15 P. M.

21. I hereby certify that I attended the deceased from 1/10/44  
to 2/24/45  
that I last saw him alive on 2/24/45  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Duration 1 yr.

Due to Arterio-sclerosis

Due to Senility

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)

Means of injury \_\_\_\_\_

23. Signature J. B. Bess

Address Troy Mo Date signed 2/24/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-15-45

---

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy 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.