

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED JUN 21 1945

Registration District No. 180

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 42915673

State File No. 20759

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
 (b) City or town Chain of Rock Mon. St. L.
 (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 years, months or days)
 In this community. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edgar BALL

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

4. Sex male 5. Color or race Black 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Effie Ball 6. (c) Age of husband or wife if alive. years 1892
 7. Birth date of deceased Nov. 25 (Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Boon Ball
 13. Birthplace Lincoln MO (City, town, or county) (State or foreign country)

14. Maiden name Mary Ball
 15. Birthplace Lincoln MO (City, town, or county) (State or foreign country)

16. (a) Informant Boon Ball
 (b) Address Chain of Rock Mo

17. (a) Burial (b) Date thereof June 14, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Tray, Mo

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Tray, Mo

19. (a) 6-18-45 (b) Mrs. Susan Wilson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jennett
 (c) City or town Wd. Monroe Mo. Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1945 hour 7 minute 9 M.

21. I hereby certify that I attended the deceased from Mar 10, 1943, to June 10, 1945
 that I last saw him alive on 6-10, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death.

myocarditis Chronic
Arterial Sclerosis

Due to

Due to

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) (e) Means of injury

23. Signature Edgar Ball (M. D. or other)

Address Wd. Monroe Date signed 6/12/45

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

1155

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-20-45

JUL 11 1945

JUL 17 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 Marius Munschong

Licensed Embalmer No. 2461

P. O. Address Wentzville

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.