S. No. 2
5M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26989

FILED SEP 11 1945

Registration District No. ______ Primary Registration District No. 4071 Registrar's No. 26

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Camdenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______
In this community 5 to 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden
(c) City or town Camdenton
(If outside city or town limits, write "RURAL")
(d) Street No. Gen Del
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ______

3. (a) PRINT FULL NAME Austin Sumner Ball
3. (b) If veteran, name war ______
3. (c) Social Security No. ______

4. Sex M
5. Color or race Wht
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clora
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Oct 9 1884 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	10	9	hr. ______ min.

9. Birthplace Pettis Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Cafe Operator
11. Industry or business ______
FATHER
12. Name James Waldo Ball
13. Birthplace Morgan Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maggie Hughes
15. Birthplace Morgan Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant Clora Ball
(b) Address Camdenton, Mo
17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof Aug 23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Mo
18. (a) Signature of funeral director Bankson-Woolery
(b) Address Camdenton, Mo
19. (a) Aug 21 45 (Date received local registrar) (b) Edith Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18 year 1945 hour 1 P.M. minute ______ M.
21. I hereby certify that I attended the deceased from Jan. 1945, to Aug 1945, that I last saw him alive on Aug 18 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral insufficiency	.44
Due to ______	
Due to ______	

Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

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? ______
(Specify type of place)
While at work? ______ (e) Means of injury ______
23. Signature E. E. Clubrice M.D. (M. D. or other)
Address Camdenton Date signed 8-21-45

1539

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
[illegible] Officer No. 7 935

8-4-[illegible]

Date Filed 9-10-44

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 *Abbi Bankson Woolery*

Licensed Embalmer No. *2488*

P. O. Address *Camdenton, 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.