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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37165

FILED DEC 12 1946

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 951

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #4 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural, N. Campbell Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #4 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George W. Ball

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Annie Pearl Ball

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

7. Birth date of deceased Jan. (Month) 28 (Day) 1876 (Year)

8. AGE: Years 69 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Polk Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Andrew J. Ball
13. Birthplace Unk. (City, town, or county) Tennessee / (State or foreign country)

MOTHER
14. Maiden name Sarah Presley
15. Birthplace Unk. (City, town, or county) Tennessee / (State or foreign country)

16. (a) Informant Annie Pearl Ball
(b) Address Route #4, Box 635, Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Spfd., Mo.

19. (a) 11-21-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1945, to Nov. 20, 1945
that I last saw him alive on Nov. 20, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio Renal Vascular Disease	6 mo.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M. D.
Address Spfd., Mo. Date signed 11-21-45

UKY (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.