V. S. No. 2
00M—2-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37506

State File No.

FILED NOV 16 1945

Registration District No.

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 8th & Van Winkle
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME OPHIA CORAL 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 married

6. (b) Name of husband or wife William Ball

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

7. Birth date of deceased April 23, 1892 (Month) (Day) (Year)

8. AGE: Years 53 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Link Jackson
13. Birthplace (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Amanda Lukens
15. Birthplace (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant William Ball
(b) Address 8th & Van Winkle, Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo

19. (a) 10-19-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1945 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 26, 1945, to Oct 13, 1945
that I last saw her alive on Oct 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis

Due to Cholecystectomy 10-11-45

Due to

Other conditions
(Include pregnancy within 2 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

Address Joplin Mo Date signed 10-17-45

(Licensed Embalmer's Statement on Reverse Side)

45-10-812

FEB 11 1946

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.

NOV 20 1946

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.