

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 7 1946 STANDARD CERTIFICATE OF DEATH

State File No. **1170**
Registrar's No. **368**

Registration District No. **249** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **613 main st**
(d) Length of stay: In hospital or institution **unknown**
In this community **unknown**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Jackson 48**
(c) City or town **613 main**
(d) Street No. **Kansas City**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **WM B. Ball**
3. (b) If veteran, name war **none** 3. (c) Social Security **Do not know**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive **single**
7. Birth date of deceased **1860**

8. AGE: Years **85** Months Days If less than one day
hr. min.

9. Birthplace **Do not know** (City, town, or county) (State or foreign country) **9**

10. Usual occupation **none**

11. Industry or business

MOTHER FATHER { 12. Name **Do not know**
13. Birthplace **Do not know**
14. Maiden name **know**
15. Birthplace **know**

16. (a) Informant **Carner officer**
(b) Address **12 C 3rd**

17. (a) **School** (b) Date thereof **Jan 22-46**
(c) Place: burial or cremation **College of Nat'lity & Surgery**

18. (a) Signature of funeral director **Walter B. ...**
(b) Address **15 C 3rd**

19. (a) **1-23-46** (b) **W. B. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **19** year **1946** hour **8** minute **10 P** M.
21. I hereby certify that I attended the deceased from **Crown** 19... to... 19... that I last saw h... alive on... and that death occurred on the date and hour stated above.

Immediate cause of death **Crown**
Due to **status return**

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **9/4**

Of autopsy **no**
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?
(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 **Walter B. ...** (M. D. or other)
Address **14 1/2 ...** Date signed **1-21-46**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

825

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 J. L. Walton
Licensed Embalmer No. 2744
P. O. Address K. C. 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.