

FILED MAY 14 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 98

Primary Registration District No. 45-5-5371

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Correy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31
(c) City or town Correy Mo.
(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 _____

3. (a) PRINT FULL NAME Henry Thomas Ballard

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased May 10 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Correy Mo. 1
(City, town or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farming

MOTHER FATHER
12. Name Jacob Ballard
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mr W S Underwood

(b) Address Correy, Mo.

17. (a) Burial (b) Date thereof 4/3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Correy

18. (a) Signature of funeral director Est Groves

(b) Address Pattersonburg Mo.

19. (a) 4-3-46 (b) Regina Engelke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1946 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Mar 28 1946, to Mar 31 1946.
that I last saw him alive on Mar 31 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis severe

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 31/✓
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature W B Gardner (M. D. or other) no

Address Box 88 Correy Date signed 4/1/46

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

31
0
0

11377

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *G. G. Gromer*

Licensed Embalmer No..... *2857*

P. O. Address..... *Pattonburg 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.