

No. 2  
M-5-43  
7. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20145

State File No. \_\_\_\_\_

FILED JUL 2 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. 2735

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
919 Vine Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 25 Years  
years, months or days)

3. (a) PRINT FULL NAME Mary E. Ball

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James A. Ball

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

7. Birth date of deceased March 28, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	2	20	hr.	min.
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9. Birthplace Ozage County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Maria Baty

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Watson

(b) Address 919 Vine Street

17. (a) Burial (b) Date thereof 6/22/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Walter L. ...

(b) Address 1729 Lydie Avenue

19. (a) 6-20-46 (b) Etheldine Holmes  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 919 Vine Street 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1946 hour 12 minute A M.

21. I hereby certify that I attended the deceased from June 1 - 1946  
to June 18, 1946  
that I last saw her alive on June 13, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration June 1

Due to Myo-carditis, Chronic

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none 93d

Of operations \_\_\_\_\_

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? C.R.

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. J. ... (M. D. or O.D.)  
Address 3723 E. 51st Date signed June 19, 1946

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

19018

*D. v. Higginson*  
*3223 E. 51st St.*  
*4 p.m.*

**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. Jerome Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2503 Highland*

**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.**