

S. No. 2
M-5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23249

FILED JUL 29 1946

State File No. _____

Registration District No. 120

Primary Registration District No. 4198

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town King City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 yr.
years, months or days

3. (a) PRINT FULL NAME John Henry Ball.

3. (b) If veteran, No. _____ 3. (c) Social Security No. 500-07-5161

4. Sex Male 5. Color or race Cau. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna. 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept. 5, 1868.
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Buchanan Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer.

11. Industry or business Farmer & gen. work.

12. Name W. G. Ball.

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

14. Maiden name Nancy Jane Reynolds.

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

16. (a) Informant Anna Ball

(b) Address King City Mo.

17. (a) Burial. (b) Date thereof 6.27.1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director St. J. J. J. J.

(b) Address King City Mo.

19. (a) July 2-1946 (b) James H. J. J.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry 38
(c) City or town King City.
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1946 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from I viewed
body after death. to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull
fall from tree.

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) Accident?

(b) Date of occurrence 6-25-1946

(c) Where did injury occur? King City, Gentry Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On street at King City Mo.

While at work? Yes (Specify type of place) fall out of tree
(1) Means of injury

23. Signature Charles N. Williams, M.D.

Address Gentry Mo Date signed 6-25-46

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

K. G. Taggart

Licensed Embalmer No. *2563*

P. O. Address *King City 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.