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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30075

Registration District No. ~~3022~~

Primary Registration District No. ~~13-7~~ 3022

Registrar's No. 90

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

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: Bethany Hospital and Clinic 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 wks. (Specify whether In this community 5 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Bethany 1 (If outside city or town limits, write "RURAL")

(d) Street No. Central St. 1 (If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Elmer C (Mark) Ballard

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Blanche

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 20, 1890 (Month) (Day) (Year)

8. AGE: Years 55 | Months 10 | Days 3 | If less than one day ___ hr. ___ min.

9. Birthplace Harrison County 0 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Hotel

FATHER
12. Name Laten L. Ballard
13. Birthplace do not know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Do not know
15. Birthplace do not know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eldon Fry

(b) Address New Hampton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 25, '46 (Month) (Day) (Year)

(c) Place: burial or cremation Mirian (Bethany)

18. (a) Signature of funeral director M B Haas

(b) Address Bethany, Mo.

19. (a) 9-21-46 (Date received local registrar) (b) Zola Burns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1946 hour 8 minute 50 P M.

21. I hereby certify that I attended the deceased from 12-2, 1946, to Aug 23, 1946; that I last saw him alive on Aug 23, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

~~Due to~~ Coronary Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy none

Duration: ~~3 yrs~~ 3 years

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 0

23. Signature W. A. Broyles (M. D. or other)

Address Bethany Mo. Date signed

116 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3899

P. O. Address Bethany 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.