S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

FILED SEP 21 1946

State File No. 33441

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4284

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: St. Luke's Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (Specify whether years, months or days)
In this community one day

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Barton 999
(c) City or town Ellinwood 14 (If outside city or town limits, write "RURAL") U
(d) Street No. 2 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ballard, Judith Clare
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 30, 1946 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
	1	10	hr. min

9. Birthplace Great Bend (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER 12. Name Dale W. Ballard
13. Birthplace Beloit (City, town, or county) Kansas (State or foreign country)
MOTHER 14. Maiden name Marjorie Grant
15. Birthplace Ellinwood (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Dale W. Ballard
(b) Address Ellinwood Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation Ellinwood, Kansas
18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C.K.
19. (a) 10-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1946 hour 11:47 minute A.M.
21. I hereby certify that I attended the deceased from October 9, 1946 to Oct 10, 1946; that I last saw her alive on Oct 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death shock	Duration
Due to operative repair of large myelomeningocele	
Due to congenital defect	
Other conditions (Include pregnancy within 3 months of death) 15 yr	

Major findings:
Of operations large teratoma myelomeningocele
Of autopsy extension of brain substance thru occiput into meningocele

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 U

23. Signature Elmer M. Purcell (M. D. or other) MD
Address St. Luke's Hospital Date signed 10 Oct 46

(Licensed Embalmer's Statement on Reverse Side)

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. 3991

P. O. Address 103 East 51

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.