

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Mercer, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Everett Ball

3. (b) If veteran, no name war. 3. (c) Social Security No. 492-10-1458

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Orphie Ball 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Oct. 22, 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Barton Ball

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

14. Maiden name Whan

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

16. (a) Informant Barton G. Ball

(b) Address Mercer, Mo

17. (a) Burial (b) Date thereof Dec. 17, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Girdner

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo

19. (a) 12-23-46 (b) Loan Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1946 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 10, 1946 to Dec 15, 1946
that I last saw him alive on Dec 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Myocardial Failure

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93E

Of autopsy

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) Means of injury ---

23. Signature Geo. J. Davison (M.D. or other) 120
Address Mercer, Mo Date signed 12-16-46

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Paul Moss

Licensed Embalmer No.

2634

P. O. Address

Clinton 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.