

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946
Registration District No. 236

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41440

State File No. _____

Primary Registration District No. 5818

Registrar's No. 50

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Versailles "Rural" MOREAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 mi. N. Versailles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan 71
(c) City or town Versailles Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mi. N. Versailles 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emmett R. Ball
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Nov. 16, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 18 _____ hr. _____ min.

9. Birthplace Morgan Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Addison Ball
13. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Grindh Chaney
15. Birthplace Morgan Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Ball
(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof Dec. 5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director A. H. Russell
(b) Address Versailles, Missouri

19. (a) 12-9-46 (b) J. L. Stashe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th
year 1946 hour 12 minute 15 a.m.

21. I hereby certify that I attended the deceased from Nov 10 1942 to Dec 4 1946
that I last saw him alive on Dec 1 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 1 hour

Due to arterial sclerosis unknown

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: §37
Of operations _____
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) _____
(e) Means of injury _____

23. Signature A. J. Swan (M. D. or other) _____
Address Versailles MO Date signed 12/5/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 14 1957

Date Filed 12-16-56

District Health Officer No. 2

District Health Officer No. 2

RECEIVED

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. H. Hodwell*

Licensed Embalmer No. *1596*

P. O. Address *Versailles 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.