

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41652

State File No.

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Joan Elizabeth Ballard

3. (b) If veteran, name war. 3. (c) Social Security No.

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 Feb. 22 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 9 19 hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name SAMUEL BALLARD
13. Birthplace Waynesville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name BLANCHE SULLIVAN
15. Birthplace NORTH CAROLINA
(City, town, or county) (State or foreign country)

16. (a) Informant SAMUEL BALLARD
(b) Address Route 2, Rolla Mo
17. (a) BURIAL (b) Date thereof Dec 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ballard Cemetery

18. (a) Signature of funeral director Wm. E. Brown J. H.
(b) Address Rolla Missouri
19. (a) 12/18/46 (b) Joan E. McClinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1946 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from 12-11, 1946, to 12-11, 1946
that I last saw her alive on 12-11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 12 hrs.

Due to
Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations A.
Of autopsy 10

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?

While at work? (Specify type of place) (a) Means of injury
Signature E. E. Fain (M. D. or other)
Address Rolla Mo Date signed 12-11-46

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(Licensed Embalmer's Statement on Reverse Side)

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

41652

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. _____

P. O. Address _____

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.