

FILED JAN 27 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 88

1. PLACE OF DEATH:

(a) County: Wagon

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

(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 11 mos 15 days
(Specify whether years, months or days)

In this community 1 yr - 11 mos - 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson Co.

(c) City or town: Kansas City, Mo?
(If outside city or town limits, write "RURAL")

(d) Street No: 724 Charlotte
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Nettie Ballard

3. (b) If veteran, name war: No 3. (c) Social Security No.: 20

4. Sex: Female 5. Color or race: W 6. (a) Single, widowed, married, divorced: 2 widowed

6. (b) Name of husband or wife: Not given 6. (c) Age of husband or wife if alive: deceased

7. Birth date of deceased: Jan 31, 1908
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>11</u>	<u>20</u>	hr. min.

9. Birthplace: Quincy Springs, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Domestic

11. Industry or business: as homing

12. Name: Jerry Ballard

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

14. Maiden name: Not given

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

16. (a) Informant: Francis Ballard

(b) Address: 724 Charlotte St

17. (a) Reburied (b) Date thereof: 1-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Kansas City, Mo.

18. (a) Signature of funeral director: H. C. Moore

(b) Address: 1820 E-18 St KC Mo.

19. (a) Jan 21, 1947 (b) G. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 21
year 1947 hour 11 minute 10 M.

21. I hereby certify that I attended the deceased from Jan 1st
1946 to Jan 21 1947
that I last saw her alive on Jan 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Mucosarthritis
Chicago encephalitis superimposed

Due to:

Due to:

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

Major findings: 30 B

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: G. L. Jenkins

Address: State Hospital # 2 Date signed: Jan 21 1947

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

FEB 6 1947

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..... *H. B. Moore*

Licensed Embalmer No. *2410*

P. O. Address..... *Kansas City, 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.