

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

State File No. **1687**
Registrar's No. **1**

Registration District No. **1**

Primary Registration District No. **5667 4287**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME **ROSA CONSTANCE BALL**

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 **WIDOWED**
6. (b) Name of husband or wife **J. R. BALL** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **SEPT 1, 1858** (Month) (Day) (Year)

8. AGE: Years **88** Months **4** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Wright City Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE (RETIRED)**

11. Industry or business **OWN HOME**

12. Name **WILLIAM T. CARTER**

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

14. Maiden name **FRANCES OGLESBY**

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

16. (a) Informant **Mrs FANNIE SCHULTZ (DAU)**

(b) Address **Troy Mo**

17. (a) **BURIAL** (b) Date thereof **JAN 12 1947** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Troy, Missouri**

18. (a) Signature of funeral director **Memphis Burial Home**

(b) Address **Troy Mo**

19. (a) **1-12-1947** (b) **Mr Emma B. Liddle** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN** day **11** year **1947** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Jan 11** to **Jan 11**, 19**47** that I last saw her alive on **Jan 11**, 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Insufficiency**
Due to **Serious**

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

Major findings: Of operations **g3D**
Of autopsy _____
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) (e) Means of injury _____
23. Signature **J. C. Liddle** (M. D. or other)
Address **Troy Mo** Date signed **1/14/47**

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 1-18-47

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 Joseph J. Marsh
Licensed Embalmer No. 3932
P. O. Address Tray, Missouri

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.