

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4269

State File No.

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 23

1. PLACE OF DEATH

(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years in Cass Co.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Elmer Ball

3. (b) If veteran, name war ✓

3. (c) Social Security No. -

4. Male

5. Color or race White

6. (a) Single, married, divorced Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 19-1881 years

7. Birth date of deceased Sept. (Month)

19-1881 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>5</u>	<u>25</u>	hr. <u> </u> min. <u> </u>

9. Birthplace

Mound City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

Farmer (Ret. 2 years)

11. Industry or business

12. Name

No record

13. Birthplace

No record (City, town, or county) (State or foreign country)

14. Maiden name

No record

15. Birthplace

Mr. Emma Ball (City, town, or county) (State or foreign country)

16. (a) Informant

407 W. Washington

(b) Address

Burial (b) Date thereof 2/17/47 (Month) (Day) (Year)

(c) Place: burial or cremation

Westline, Mo

18. (a) Signature of funeral director

Attorney

(b) Address

Harrisonville, Mo.

19. (a) Feb. 15-1947 (Date received local registrar)

(b) Diana J. Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. 203 W. Mechanic
(If rural, give location)
(e) Citizen of foreign country? No (Yes No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1947 hour 3:1 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb. 8, 1947 to Feb. 14, 1947
that I last saw him alive on Feb. 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Embolism Duration 30 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 94A

Of autopsy

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)

23. Signature Dr. C. E. Everett (M. D. or other) 2/15/47
Address Harrisonville, Mo. Date signed 2/15/47

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~.....

....., 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.