U. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13088

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 309

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1215 St Louis St, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) / In this community: 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1215 St Louis St 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: JAMES E BALLARD
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Ellen Ballard
6. (c) Age of husband or wife if alive: 78 years
7. Birth date of deceased: June (Month) 8- (Day) 186X (Year)

8. AGE: Years 82 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace: Sullivan (City, town, or county) Ind 1 (State or foreign country)
10. Usual occupation: Retired Merchant
11. Industry or business:
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 4 (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 4 (State or foreign country)
16. (a) Informant: Mary Ellen Ballard
(b) Address: Springfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Lawn Cemetery
18. (a) Signature of funeral director: E B Jones
(b) Address: Buffalo Mo
19. (a) 4-2-47 (Date received local registrar) (b) W E Hadley M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 31 year 47 hour 10 minute P M.
21. I hereby certify that I attended the deceased from June 11, 1946 to Mar 31, 1947 that I last saw him alive on Mar 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	1 da.
Due to: Chronic myocarditis Arteriosclerosis	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: N D
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? ✓
(Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Don Gilsby (M. D. or other) M D
Address: Springfield, Mo Date signed: 4-2-47

111 (Licensed Embalmer's Statement on Reverse Side)

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 Leonard B Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo Me.

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.