

S. No. 2
OM-5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24880
Registrar's No. 16

Registration District No. 228
Primary Registration District No. 58084341

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Bellflower Mo.
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nine Months
In this community Nine Months
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery
(c) City or town Bellflower Mo
(d) Street No. Home
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Elva Ball
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife RE BALL 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 26 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 10 4 hr. min.

9. Birthplace Stone Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business General Duties

12. Name Frank Combs

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

14. Maiden name Jane Frey

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

16. (a) Informant Roger E. Ball

(b) Address Bellflower Mo.

17. (a) Burial (b) Date thereof 8-2-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower Mo

18. (a) Signature of funeral director Alond A Jones
(b) Address Bellflower Mo

19. (a) Aug 4-47 (b) Miss May Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1947 hour 11 minute 30 p. M.
21. I hereby certify that I attended the deceased from June 5
19 47 to July 30 19 47
that I last saw her alive on July 28 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration 5 days

Due to CHRONIC NEPHRITIS 3 mont

Due to Cardio-Renal* Vascular Disease unk/

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

Major findings: Of operations _____
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? _____
(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 2
23. Signature William J. Helman MD (M. D. or other)
Address Box 116 Montgomery City Mo. Date signed July 31

AUG 18 1947

RECEIVED
District Health Officer No. 9
District No. Number
D.D. Form
AUG 13 1947

JUL 9 1958

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..... *Cedric K. Jones*
Licensed Embalmer No..... *4223*
P. O. Address..... *St. Louis, 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.