

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24881

Registration District No. 228

Primary Registration District No. 0808

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Jonesburg
(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 all 7 life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nora Lee Ball

3. (b) If veteran, name war V 3. (c) Social Security No. 1

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm Ball 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased March 28 1860 (Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Warren County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Wm. Thomas
13. Birthplace Warren County Mo (City, town, or county) (State or foreign country)
14. Maiden name Franklin
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Francis Ball
(b) Address Jonesburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesburg Mo

18. (a) Signature of funeral director W. A. Harding
(b) Address Jonesburg Mo

19. (a) Revd. J. J. Hill (b) Miss Mary Hill (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery
(c) City or town Jonesburg Mo (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? a (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1947 hour 10 minute P M.

21. I hereby certify that I attended the deceased from July 16 1947 to July 27 1947 that I last saw him alive on July 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration
Due to Cirrhosis of liver
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 124P 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) (c) Means of injury

23. Signature Dr. J. J. Hill M. D. or other
Address Jonesburg Mo Date signed 7/27/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-6-47

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

6 A. Harding

Licensed Embalmer No.

24175

P. O. Address

Jonesburg 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.