

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42618**

FILED JAN 7 1948 78

Registration District No.

Primary Registration District No.

3054

Registrar's No.

134

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pike Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
(Specify whether)  
In this community Lifetime  
(years, months or days)

3. (a) PRINT FULL NAME CORA BELLE 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 Dave A. Ball  
6. (c) Age of husband or wife if alive 1883 years  
7. Birth date of deceased Oct. 4 1883  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 22  
If less than one day hr. min.

9. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business Retired School Teacher

12. Name William Jones

13. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rauffer

15. Birthplace Pike Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joe Jones

(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 12/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana, Missouri

19. (a) 12-28-47 (b) Bernie Collier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1013 Georgia St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26, 1947  
year hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec. 22, 1947 to Dec. 26, 1947  
that I last saw her alive on Dec. 26, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage, left  
Hemiplegia, Right. Recent.  
Old Hemiplegia, left from  
Cerebral Hemorrhage in March 1946  
Due to

Other conditions Chr. Arterio-Sclerosis  
Chr. Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Of operations g3  
Of autopsy

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 Robert L. Anderson M.D.  
(M. D. or other)  
Address Louisiana, Mo. Date signed 12-27-47

RECEIVED  
District Health Officer No. 10  
District File Number 1-48-20  
JAN -6 1948  
Date

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.....

Virginia M. Stone, Registered Apprentice No. 491,  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3720

P. O. Address Louisiana

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.