

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1948
Office of Vital Statistics

Registration District No. **164**

Primary Registration District No. **3032**

51
2
2

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

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Warrensburg Clinic**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 da.**
(Specify whether years, months or days)

In this community **72yr-4mo-17da.**

3. (a) PRINT FULL NAME **Emma Ball.**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Edwin Ball.**

6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **Jan. 30, 1875.**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	14	hr. min.

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

10. Usual occupation **House keeper.**

11. Industry or business

12. Name **Dennis Sullivan**

13. Birthplace **unknown. Ireland.**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Combs.**

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

16. (a) Informant **Albert Ball.**

(b) Address **Warrensburg, Mo.**

17. (a) **burial** (Burial, cremation, or removal)

(b) Date thereof **1/16/48.**
(Month) (Day) (Year)

(c) Place: burial or cremation **Centerview, Mo.**

18. (a) Signature of funeral director **Sweeney Phillips.**

(b) Address **Warrensburg, MO.**

19. (a) **new 15, 1948** (If received local registrar)

(b) **Sara Ann Chittifield** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson.**

(c) City or town **Warrensburg, Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **RFD Centerview Mo.**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **14** year **1948** hour **2** minute **15 P. M.**

21. I hereby certify that I attended the deceased from **Dec 31, 1947** to **Jan 14, 1948** that I last saw him alive on **Jan 14, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis 14d**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations **93%**

Of autopsy

Underline the cause of 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

Signature **Sweeney Phillips** (M. D. or other)

Address **Warrensburg Mo** Date signed **Jan 15, 1948**

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 _____

W. Jack Phillips Registered Apprentice No. *14*
working under my personal supervision.

Signed *P. Q. Phillips*

Licensed Embalmer No. *23120*

P. O. Address *Warrensburg, 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.