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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1948

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 11642

Registrar's No. 156

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Lucy Lee O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few days (Specify whether years, months or days)

In this community ✓ in State 6 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma (If outside city or town limits, write "RURAL") 72

(d) Street No. 1 Mi East of Parma (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ✓ 1

3. (a) PRINT FULL NAME BURNEY LEE-BALLARD

3. (b) If veteran, name war No

3. (c) Social Security No None

4. Sex M O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Mae Ballard

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November (Month) 16 (Day) 1875 (Year)

8. AGE: Years 72 | Months 5 | Days | If less than one day ___ hr. ___ min.

9. Birthplace State of Miss. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business ✓

FATHER
12. Name William Ballard
13. Birthplace State of Miss. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Sallie Frances
15. Birthplace State of Miss (City, town, or county) 1 (State or foreign country)

16. (a) Informant Willie Ballard

(b) Address Parma, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 25 (Day) 48 (Year)

(c) Place: burial or cremation Malden Mo.

18. (a) Signature of funeral director Watkins Funeral Service

(b) Address Parma Mo.

19. (a) 5/5/48 (Date received local registrar) (b) R. H. Kinetrie (Registrar's signature) 35

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 22 year 1948 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 21, 1948 to April 22, 1948 that I last saw him alive on April 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation

Due to Cardiac failure

Due to Cardiovascular renal disease & Uremia

Other conditions + urinary retention (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13/10

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

23. Signature S. D. Markel M.D. (M. D. or other)

Address Poplar Bluff Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 548-596
Date Filed 5-10-48

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 Lyman Steele
Licensed Embalmer No. 2476
P. O. Address Dexter 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.