

National Office of Vital Statistics  
FILED JUN 21 1948  
Registration District No. **193**

Primary Registration District No. **193**

1. PLACE OF DEATH:

(a) County **Taney**  
(b) City or town **Rural - Elwan**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ Specify whether  
In this community **most of life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Taney**  
(c) City or town **Rural** **106**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **FRED BALL**  
3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **1<sup>st</sup>**  
year **1948** hour **2:00** minute **4** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased **January - 24 - 1883**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 12<sup>th</sup>** 19**48** to **June 1<sup>st</sup>** 19**48**  
that I last saw **him** alive on **May 31<sup>st</sup>** 19**48**  
and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **4** Days **7** If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min

Immediate cause of death **Myocardial**  
Due to **Don't know**

9. Birthplace **Laclede Mo - Mo**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **Plumber**

11. Industry or business \_\_\_\_\_

Major findings: Of operations **MI**  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause of which death should be charged statistically.

12. Name **David W. Ball**

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

14. Maiden name **Caroline Plummer**

15. Birthplace **Laclede Mo - Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo. Mc Cleese**  
(b) Address **Hollister Mo**

17. (a) **Burial** (b) Date thereof **6-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bryant**

18. (a) Signature of funeral director **R. W. Welch**  
(b) Address **Branson Mo**

19. (a) **6-3-48** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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 **H. T. Evans** (M. D. or other) **M. D.**

Address **Branson Mo** Date signed **6/3/48**

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

MOTHER FATHERS

RECEIVED

District Health Officer No. 6,

District File Number 648-730

Date Filed JUN 18 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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Minnie L. Welch*

Licensed Embalmer No. 2277

P. O. Address *Bronson*

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.