

FILED JUL 30 1948

Registration District No. 128

Primary Registration District No. 5466

585

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ozark Osteo Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Margaret I. Ballard

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 Married
6. (b) Name of husband or wife Ted Ballard 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 16 1919
(Month) (Day) (Year)

8. AGE: 28 Years Months 11 Days 0
If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Alvin Wilson }
13. Birthplace Thayer Missouri }
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown }
(City, town, or county) (State or foreign country)

16. (a) Informant Ted Ballard
(b) Address Thayer, Mo.
17. (a) Removal (b) Date thereof 7/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 9-20-48 (b) T.E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 3 minutes 5 a.

21. I hereby certify that I attended the deceased from 7/14/48
to 7/16/48, 19____, to _____, 19____;
that I last saw her alive on 7-16, 1948;

and that death occurred on the date and hour stated above.
Immediate cause of death Septicemia

Due to Induced Abortion

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy as above

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) (e) Means of injury D.
23. Signature R.A. Michael MD (M.D. or other)
Address Springfield Mo Date signed 7/17/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Walter E Hamelton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 9*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.