No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26697

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 257

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Independence Sanitarium 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 hrs. (Specify whether

In this community 9 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Raytown (If outside city or town limits, write "RURAL") 0

(d) Street No. 59th & Raytown Rd (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Benjamin Franklin Ballard

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color of race White

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

6. (b) Name of husband or wife Mary Jane Gault Ballard

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

7. Birth date of deceased Sept (Month) 20 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	11	11	hr. min.

9. Birthplace Bloomington (Hawanda Co) Ill. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Retired livestock dealer

11. Industry or business

FATHER
12. Name B. F. Ballard Sr.
13. Birthplace Lexington Kentucky 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Frances Hardesty
15. Birthplace Lexington Kentucky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas Thurston

(b) Address Independence Mo. Rt. #5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director E. Clark Hegert

(b) Address Raytown Mo.

19. (a) 9-1-48 (Date received local registrar) (b) James B. Cray (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 31 year 1948 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 29, 1948 to Aug 31, 1948 that I last saw him alive on Aug 30 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	72 hrs.
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

83

PHYSICIAN

Underline the cause to 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

23. Signature D. Meubank M.D. (M. D. or other)

Address Raytown Mo. Date signed 8/31/48

(Licensed Embalmer's Statement on Reverse Side)

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 Forest Donald Caldsnow, Registered Apprentice No. 225, working under my personal supervision.

Signed Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.