

FILED DEC 23 1948

Registration District No. 231

Primary Registration District No. 4346

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery
(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. 50 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary D. Ball

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 7. (b) Name of husband or wife Claude R. Ball 6. (c) Age of husband or wife if alive Decd years 7. Birth date of deceased July 21 st 1863 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Pike County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name William P. Pickens
13. Birthplace no (City, town, or county) (State or foreign country)
14. Maiden name Mary Campbell
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant ANNA Ball
(b) Address Montgomery City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo
19. (a) 12-15-48 (Date received local registrar) (b) Dwain J. Spies (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1948 hour _____ I minute _____ a. M.

21. I hereby certify that I attended the deceased from Oct 18, 1938, to Dec. 14, 1948; that I last saw him alive on Dec. 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated Heart - Chronic Hypertension & associated (Coronary) Arteriosclerosis Duration 3 mos
Due to Chronic Hypertension & Coronary Arteriosclerosis 1 year
Due to Generalized arteriosclerosis 10 years
Other conditions Ca of liver
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 4/21

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature E. T. Anderson, M.D. (M. D. or other) 12/14/48
Address Montgomery City, Mo. Date signed 12/14/48

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

FOR CS 121

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~~ on the
14 th day of Dec 1948
working under my personal supervision.

Registered Apprentice No. _____
C. W. Hopkins
Signed _____ C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address. Montgomery City 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.