

ED. JUN 7 1943 74

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Died in Ambulance in Sedalia on /**  
**the way to hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry 40**  
(c) City or town **Windsor**  
(If outside city or town limits, write "RURAL") **2**  
(d) Street No. **700 S. Tebo**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **✓** (Yes or No)  
If yes, name country **1**

3. (a) PRINT FULL NAME **James T. Ball**

3. (b) If veteran, name war **World war I** 3. (c) Social Security No. **486-65-9809**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Letha Hutson Ball** 6. (c) Age of husband or wife if alive **9** years **1896**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>46</b>	<b>7</b>	<b>15</b>	hr. min.

9. Birthplace **Windsor Missouri 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Fireman**

11. Industry or business **Staan Shovel**

12. Name **Ira Ball**

13. Birthplace **unknown Iowa 1**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Baker**

15. Birthplace **unknown Missouri 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Ball**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **5-27-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Missouri**

19. (a) **5-29-43** (b) **Mrs Anna Berger**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26** year **1943** hour **Day** minute **4:57 A.M.**

21. I hereby certify that I attended the deceased from **5/26/43** to **5/26/43** 19 to 19  
that I last saw him alive on **5/26/43** 19 and that death occurred on the date and hour stated above.

Immediate cause of death **Accident**  
**Boiler explosion**  
**with bullets over retina**  
Due to **body.**

Due to **18/15**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 041**

(b) Date of occurrence **5-26-43**

(c) Where did injury occur? **Windsor Perry Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Shop room**

While at work? **yes** (Specify type of place) (e) Means of injury **Burned**

23. Signature **H. M. D. or other** **M.D.**

Address **Windsor** Date signed **5/26/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-3-43

JUN 9 1943

JUN 10 1943

**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 Ellis W. Hurston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.**