

7-39
147
2

22965

National Office of Vital Statistics

State File No.

FILED JUL 27 1948

Registration District No. 27

Primary Registration District No. 55-20

Registrar's No. 154

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural, Windsor Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Route # 3, Windsor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)

In this community 18 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

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

(d) Street No. R # 3, Windsor
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Parks Ball

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1948 hour 8 minute 9 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence Steele Ball

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

7. Birth date of deceased October 15, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 4, 1948 to July 15, 1948
that I last saw him alive on July 15, 1948
and that death occurred on the date and hour stated above.

Duration

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>9</u>		hr. min.

Immediate cause of death Chronic Hypertension

Due to cardiac failure

Due to

Other conditions (include pregnancy within 3 months of death)

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

10. Usual occupation Farming

Major findings: Of operations 4B

Of autopsy 17

PHYSICIAN

Underline the cause of which death should be charged statistically.

11. Industry or business

12. Name John E. Ball

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

14. Maiden name Frances Bird

15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry A. Barber

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 7-17-48
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turule

(b) Address Windsor, Missouri

19. (a) 7-21-48 (b) R.R. Kennedy
(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?

(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 Arnold M.D. (M. D. or other)

Address Windsor Mo Date 7/17/48

RECEIVED

District Health Officer No. 7;

District File Number 830

Date 7-26-48

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 _____

William M. Turner

, Registered Apprentice No. 470

working under my personal supervision.

Signed _____

W. R. Brauning
Licensed Embalmer No. 3377

P. O. Address Warrensburg 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.