

REC'D APR 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11159
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper
(b) Township Salem
(c) City Joplin
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 411
Primary Registration District No. 2002
(d) Street No. Pronounced dead at Freeman Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

49
7
5
400 EDWARD BALL
(a) Residence, No. Noel Missouri St.
(Usual place of abode, if no street address, write county or city)

Noel, Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER 13. NAME Clarence Ball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Earl Ball
1505 Grand Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE 3-22-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louper Mortuary
Joplin, Missouri

20. FILED 3-21-39 Ed. J. Joplin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-39

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him/her alive on March 19, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m. 3/19/39
The principal cause of death and related causes of importance were as follows:

Heart Attack Date of onset _____

Other contributory causes of importance: 95%

Name of operation none Date of 3/17/39
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) R. S. Winchester M. D.
Joplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

Case Number 6-39-855

Date Filed APR 12 1939

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.....

F. M. Jones

....., Registered Apprentice No.....

working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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, above space should be left blank.