

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

DEC 11 1939

38428
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Rain Primary Registration District No. 100.2
 (c) City Kansas City (d) Street No. General Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marialys Ballard

(a) Residence, No. 4005 Woodland K.C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3, 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. stenographer
 9. Industry or business in which work was done, as saw mill, bank, etc. data office
 10. Date deceased last worked at this occupation (month and year) about 10 yrs ago 11. Total time (years) spent in this occupation know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. B. Birmingham Illinois

FATHER 13. NAME Benjamin Frank Ballard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbon County Kentucky

MOTHER 15. MAIDEN NAME Sarah Frances Hoadley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Kentucky

17. INFORMANT B. Frank Ballard (ADDRESS) Raytown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Raytown Mo. DATE Nov. 3, 1939

19. FUNERAL DIRECTOR (NAME) C. Clark Keger (ADDRESS) Raytown Mo.

20. FILED 11-2-39 19 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1939, to Nov 1, 1939

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:32 PM.

The principal cause of death and related causes of importance were as follows:

Cerebral malacia
 Arteriosclerosis
 Hypertension gsc

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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? _____
 If so, specify _____

(Signed) M. M. Crowe, M. D.
 (Address) General Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-1-12-38 1 X14028

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, E. Clark Frazier

....., or by

Registered Apprentice No. , working under my personal supervision.

Signed E. Clark Frazier

Licensed Embalmer No. 3983

P. O. Address Raytown 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.