

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4502**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution:
114 East 43rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **29 Yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limit, write "RURAL")
(d) Street No. **114 East 43rd St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day **11-25-40**
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **5:30 P.**
_____ to _____, 19____;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

3. (a) PRINT FULL NAME: **Lewa Eugene Ballard**
LEW E BALLARD

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No 495-03-8593**

4. Sex **Male** 6. Color **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Neva Jane Ballard** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **March 6, 1895**
(Month) (Day) (Year)

8. AGE: Years **45** Months **8** Days **19**
If less than one day _____ hr. _____ min.

9. Birthplace **Woodward, Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business _____

12. Name **Thomas Dotson Ballard**

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

14. Maiden name **Mary Gudwin**

16. Birthplace **Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Neva Ballard**
(b) Address **114 East 43rd St.**

17. (a) Burial (b) Date thereof **11-25-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Alva, Oklahoma**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **104 West 42nd St.**

19. (a) **11-26-40** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

Acute pulmonary edema
Chronic myocardial fibrilsis
Coronary sclerosis

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy **Geo**

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) (b) Means of injury _____
23. Signature **K. L. Mo** (M. D. or other) _____
Address _____ Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address S. E. 760.

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.