V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14510

Registration District No. 398 | Primary Registration District No. 5554 | Registrar's No. 87

48
0
0

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Blue Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laffoon Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nursing Home 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Raytown Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David William Ballard
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife xxxx
6. (c) Age of husband or wife if alive xxx years
7. Birth date of deceased May (Month) 29, (Day) 1855 (Year)
8. AGE: Years 86 | Months 10 | Days 1 | If less than one day hr. min.
9. Birthplace Near Lexington (City, town, or county) Kentucky (State or foreign country) 1
10. Usual occupation Retired building contractor
11. Industry or business
FATHER 12. Name Benjamin Franklin Ballard
13. Birthplace xxxx (City, town, or county) Kentucky (State or foreign country) 1
MOTHER 14. Maiden name Sarah Frances Hardesty
15. Birthplace xxxx (City, town, or county) Kentucky (State or foreign country) 1
16. (a) Informant Mrs. Frank Wilson
(b) Address Raytown, Missouri.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 1, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Brooking Cemetery
18. (a) Signature of funeral director E. Clark Regert
(b) Address Raytown, Missouri.
19. (a) Apr. 1-1942 (Date received local registrar) (b) James W. Ross (Registrar's signature)
1143 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March. day 30 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from Jan 1 42 to Mar 30 1942 that I last saw him alive on Jan 30 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial Pneumonia (Duration) 48 hrs
Due to Coronary occlusion 1 mo
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
107
PHYSICIAN — Underline the cause to which death should be charged statistically.
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. H. Laffoon (M. D. or other) M.D.
Address Date signed 4/1/42

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 E. Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown, Missouri.

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.