V. S. No. 2
DM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23279

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2718

48
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8

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3936 Oline / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town K.C. (If outside city or town limits, write "RURAL") 8
(d) Street No. 4006 Myrtle (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Richard Leroy Ball
3. (b) If veteran, name war Yes W.W.
3. (c) Social Security No. 512-01-9776
4. Sex M
5. Color or race N
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lula F Ball
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July (Month) 20 (Day) 1895 (Year)

8. AGE: Years 46 Months 11 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Monticello (City, town, or county) Kans / (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name Trout Ball
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Lula Ball
(b) Address 4006 Myrtle
17. (a) Remove Burial (Burial, cremation, or removal) (b) Date thereof 7-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Monticello Kans.
18. (a) Signature of funeral director W. Tiegeman & Sons
(b) Address K.C. Mo
19. (a) 7-17-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1942 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Chronic Coronary Sclerosis c̄ Chronic

Due to Myocardial fibrosis

Other conditions 93D
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See above

Duration

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 [signature] (M.D. or other)
Address [signature] Date signed 7/17/42

MC

361

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by [redacted], or by Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Pegeman

Licensed Embalmer No. 2744

P. O. Address Ae. 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.