

FILED MAY 4 1943

Primary Registration District No. 5551

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

16000

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Brandsville  
*United Hwy*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community... since birth  
(Specify whether years, months or days)

3. (a) PRINT second twin  
FULL NAME Infant not named Ball

3. (b) If veteran, name war. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 31 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				6 hr. _____ min.

9. Birthplace Brandsville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Richard Ball

13. Birthplace Oregon County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Core Alice Ellison

15. Birthplace Oregon County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Ball

(b) Address Brandsville, Missouri

17. (a) burial (b) Date thereof April 1 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill Cemetery

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 4-20-43 (b) Virgil S. Bailey  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Brandsville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day first  
year 1943 hour about 3 minute 0 M.

21. I hereby certify that I attended the deceased from birth  
March 31 1943 to March 31 1943

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death premature birth (breach)  
weighed 4 pounds, poor vitality and  
aspiration of fluids.

Due to Mother under treatment at the  
Cliniv for Luetic Infections.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (Cause of injury)

23. Signature Virgil S. Bailey (M.D. or other) D.O.  
Address Cairon Arcade, West Plains, Mo. Date Signed 4/10/43

RECEIVED

District Health Officer No.

District File Number

Date Filed

543263  
5-3-43

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**