

FILED JUL 20 1944
Registration District No. 407

Primary Registration District No. 3008

14
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Sulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital no 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo (Specify whether years, months or days)

In this community 2 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Lincoln 14

(c) City or town Iron 5
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Ballard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 44 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 31, 1944, to June 11, 1944
that I last saw him alive on June 10, 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mark Ann

6. (c) Age of husband or wife if alive 17 1/2 years

7. Birth date of deceased: 6/16
(Month) (Day) (Year)

Immediate cause of death: generalized arteriosclerosis Duration yro.

Due to _____

Due to _____

8. AGE: Years 80 Months 6 Days 9 If less than one day hr. _____ min. _____

9. Birthplace St. Joseph mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

Other conditions Senile psychoses 3 yrs
(Include pregnancy within 3 months of death)

Major findings: 97

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Mrs Ballard

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

14. Maiden name D.K.

15. Birthplace DC A
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Paul H. Gibson

(b) Address 260 Berry mo

17. (a) Removal (b) Date thereof 6/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iron, mo.

18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Sulton, Mo B. B. Bronson, Mo

19. (a) 6-12-1944 (b) J. M. Mansueti
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____ (e) Means of injury _____

23. Signature Forrest Thomas (M. D. or other) _____

Address Sulton mo Date signed 6/11/44

DEC 7 1950

RECEIVED

District Health Officer No. 2

District File Number

Date Filed 7-19-44

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 *Donal C. Browning*

Licensed Embalmer No. 2724

P. O. Address *Fulton Md*

/ 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.