No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27702

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 79

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: Warrensburg Clinic & Hospital Inc. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)

In this community All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town R. F. D. 3 Centerview Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Zua Ball

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife S. O. Ball

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept (Month) 18 (Day) 1869 (Year)

8. AGE: Years 75 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Phillips Gunsalis
13. Birthplace New Castle, Pensylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Norris
15. Birthplace New Castle Penn (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Gowans

(b) Address Centerview Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 2. 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Centerview

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg. Mo.

19. (a) Aug 31 1945 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 1945 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to Aug. 31, 1945 that I last saw her alive on 8-31-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. myocarditis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

930

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 R. F. McKinney (M. D. or other) MD

Address Warrensburg Mo. Date signed 8-31-45

(Licensed Embalmer's Statement on Reverse Side)

1001

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. S Ray Sweeney

Licensed Embalmer No. 1121

P. O. Address. Warrensburg

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.