No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 2 1946

State File No. 5493

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 693

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lake Side Hospital - D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Lake Side Hospital 29th & Flora~~
(If rural, give location)
716 S. Pyle
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Terry Ballard
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M D
5. Color or race W
6. (a) Single, ~~widowed, married, divorced~~ Agle
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb. (Month) 7 (Day) 1946 (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation infant
11. Industry or business —
FATHER
12. Name James A. Ballard
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Thelma Kirschman
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant James A. Ballard
(b) Address 716 So Pyle St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Home, Mo.
18. (a) Signature of funeral director Libaston
(b) Address Kansas City, Kansas
19. (a) 2-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1946 hour 5 minute 33 P M.
21. I hereby certify that I attended the deceased from February 7th 1946, to February 10th 1946
that I last saw him alive on February 10th, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 8 3 W
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? —
(Specify type of place)
While at work? (e) Means of injury —
23. Signature Ernest E. Harris (M. D. or other) DO
Address 3504 Troost, KC 3, Mo. Date signed 2-10-46

(Licensed Embalmer's Statement on Reverse Side)

M

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. 3135

P. O. Address Kansas City, Kansas

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.