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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12819

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 313

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1017 S. Weaver Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 46 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield
(If outside city or town limits, write "RURAL") 2

(d) Street No. 1017 S. Weaver Ave. /
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILSON BALL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased April (Month) 30, (Day) 1872 (Year)

8. AGE: Years 73 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business Merchant

FATHER
12. Name John Ball
13. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Mary Gooch
15. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Miss Elsie Ball
(b) Address 1017 S. Weaver Ave., Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hopedale Cemetery

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.

19. (a) 4-9-46 (Date received local registrar) (b) W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1946 hour 6:00 ~~AM~~ minute P. M.

21. I hereby certify that I attended the deceased from 4-3, 1946, to 4-8, 1946 that I last saw him alive on 4-4, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	6 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations JEK
Of autopsy

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 0

23. Signature Bruce Lemmon Jr (M. D. or other) MD
Address 600 Med Arts, Springfld, Mo. Date signed 4-9-46

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1946

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.