

FILED JAN 2 1947
Registration District No. 136

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County... Jasper
(b) City or town... Joplin
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
3320 Moffet
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
32 yrs (Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jasper
(c) City or town... Joplin
(If outside city or town limits, write "RURAL")
(d) Street No... 3320 Moffet
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country... ()

3. (a) PRINT FULL NAME Polly Ann Ball

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fem 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed 2
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 19 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 7 14 hr. min.

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

10. Usual occupation housekeeper

11. Industry or business _____

12. Name Tom Cavaner

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

14. Maiden name unknown

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

16. (a) Informant Clarence Ball

(b) Address 3320 Moffet St. Joplin MO.

17. (a) burial (b) Date thereof 12-6th 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin St. Joplin Mo

19. (a) 12-9-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1946 hour 11 minute 50P. M.

21. I hereby certify that I attended the deceased from
Nov 15 1946 to Dec 3 1946
that I last saw her alive on Dec 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Duration 1 year

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work _____ (Specify type of place) Means of injury ()

23. Signature [Signature] (M. D. or other) _____

Address Joplin Mo Date signed 12/6-46

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

MOTHER FATHER

138

46-12-1062

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..... J. M. Jones.....

Licensed Embalmer No. 2318.....

P. O. Address..... Joplin 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.