

No. 2  
5-43  
5-17-39  
I X36671

State File No.

FILED MAY 16 1947

Registration District No. 156

Primary Registration District No. 200

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. John's Hospital

(d) Length of stay: In hospital or institution 2 days

In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural

(d) Street No. R#1, Diamond

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ROBERT H. BALLARD

3. (b) If veteran, name war No

3. (c) Social Security No 525-16-0186

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Woods

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October 9 1874

8. AGE: Years 72 Months 6 Days 18

9. Birthplace Unknown Ohio

10. Usual occupation Construction & Farming

MOTHER FATHER

11. Industry or business

12. Name Christopher C. Ballard

13. Birthplace Unknown Kentucky

14. Maiden name Mary Baker

15. Birthplace Unknown Kentucky

16. (a) Informant Anna Woods Ballard

(b) Address Diamond, Mo. R#1

17. (a) Burial (b) Date thereof 4 29 47

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed C. Ulmer

(b) Address Carthage, Mo.

19. (a) 4-30-47 Sales Sampkins

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1947 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from 12-31-42, 19, to 4-27-47, 19, that I last saw him alive on 4-27-47, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to: Cardiac asthma

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

Duration 5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy

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) (e) Means of injury

Signature Walter Hines (M.D. or other)

Address Joplin Mo Date signed 4/29/47

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

47-4-387

---

---

**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..... *Eddie Williams* .....  
Licensed Embalmer No. *2272* .....  
P. O. Address..... *Carters* .....

**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.