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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21459

State File No. _____

Registration District No. 167

Primary Registration District No. 5607

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Kingsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1, Kingsville, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Kingsville, Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME SAMUEL ERNEST BALLARD

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Isabell Ballard 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 4, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 1 11 hr. min.

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

10. Usual occupation Farmer

11. Industry or business same

MOTHER FATHER { 12. Name William Ballard 4
13. Birthplace Birmingham, England
(City, town, or county) (State or foreign country)
14. Maiden name Rachel Ann Ferrell
15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Martha I. Ballard

(b) Address Route #1, Kingsville, Mo.

17. (a) Burial (b) Date thereof June, 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Missouri

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) July 3 1947 (b) W. S. Redford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1947 hour 9:35 minute A. M.

21. I hereby certify that I attended the deceased from
June 9, 1947, to June 13, 1947;
that I last saw him alive on June 13, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration

Due to Nephrosclerosis

Due to _____

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

Major findings:
Of operations 13/A
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) (e) Means of injury _____

23. Signature E. F. Slaughter (M. D. or other) DO.

Address Osage Mo Date signed 6/16/47

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

23415

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..... *M. J. Canaday*.....
Licensed Embalmer No. *3434*.....
P. O. Address *Holden, Mass.*.....

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.