No. 2
-1/47
3-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 1999

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27587

Registrar's No. 3567

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: Convlesent Home, 1310 Armour Blv. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days) In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: North Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 2108 Swift Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country: X

3. (a) PRINT FULL NAME: CHARLES ASA BALL
3. (b) If veteran, name war: X no
3. (c) Social Security No.: X none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ellen Ball
6. (c) Age of husband or wife if alive, deceased years
7. Birth date of deceased: December (Month) 4 (Day) 1864 (Year)

8. AGE: Years 82 Months 8 Days 14 If less than one day X hr. X min.

9. Birthplace: Victor (City, town, or county) New York (State or foreign country)
10. Usual occupation: Hardware Merchant
11. Industry or business: Same as above
FATHER 12. Name: Scyrus W. Ball
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Vestlena Vanddusen
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. W. M. Faust
(b) Address: 2108 Swift Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/20/'47 (Month) (Day) (Year)
(c) Place: burial or cremation: Abilene, Kansas
18. (a) Signature of funeral director: Morton-Smith's F.H.
(b) Address: 832 Armour Rd. N.K.C. Mo.
19. (a) 8-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1947 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug 14 1947 to Aug 18 1947 that I last saw him alive on Aug 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Bladder
Due to: Terminal Pneumonia
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 58 B
Of autopsy:

Duration

PHYSICIAN — Underline the cause of 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 one of place) While at work? (e) Means of injury
23. Signature: James E. Dehner M.D. (Or other) Address: Commerce Bldg. Date signed 8-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) no ice

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 Chesko E. Hammond Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.