S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5315

State File No.

FILED MAR 8 1948

Registration District No. 44

Primary Registration District No. 3032

Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Johnson
(b) City or town: Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether years, months or days)
In this community 78 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Johnson 51
(c) City or town: Centerview Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Centerview 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Laura Bell Ball
3. (b) If veteran, name war: No.
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 11 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
73	6	13	hr. min.

9. Birthplace: Centerview (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business: Home
FATHER
12. Name: Isaac Ball
13. Birthplace: Bloomfield (City, town, or county) N. Jersey (State or foreign country)
MOTHER
14. Maiden name: Mary Trimble
15. Birthplace: (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Fred Ball
(b) Address: Centerview Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Centerview Mo.
18. (a) Signature of funeral director: Sweeney Phillips
(b) Address: Warrensburg Mo.
19. (a) Feb 26 1948 (Date received local registrar) (b) [illegible] (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1948 hour 5 minute P M.
21. I hereby certify that I attended the deceased from June 18, 1947 to Feb 24, 1948 that I last saw he alive on Feb 24, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2 yrs
Due to: Hypertensive Cardiovascular renal disease	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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?
While at work? (Specify type of place) (e) Means of injury D
(Signature) [illegible] M.D. (M. D. or other)
Address: Warrensburg Mo. Date signed Feb 25 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1952

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 W Jack Phillips Registered Apprentice No. 14 working under my personal supervision.

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.