

FILED JUN 19 1948, 49
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2410

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
In this community 7 mo. 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3617 E. 23 St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Charles Ballard

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color of 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 13 years
7. Birth date of deceased: Feb. 13 1871
(Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days 26 If less than one day 25 hr. _____ min. _____

9. Birthplace Carroll Co. (City, town, or county) no (State or foreign country)

10. Usual occupation Farmer

11. Industry or business John Ballard

12. Name John Ballard

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

14. Maiden name Margaret Russell

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

16. (a) Informant Therese Crowley

(b) Address Hardin, Mo.

17. (a) buried (b) Date thereof June 8 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin, Mo.

18. (a) Signature of funeral director John W. Kimpach

(b) Address Hardin, Mo.

19. (a) 6-9-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1948 hour 9 minute 18 P.M.

21. I hereby certify that I attended the deceased from May 20 48 to June 8 48
19. _____ to 19. _____

that I last saw him alive on June 8 19. 48
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia-Senility

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy None 107

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 fall

23. Signature Wm W Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 6-9-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

ab. 12. 10

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 *Geo. McKean*

Licensed Embalmer No. *2983*

P. O. Address *Lebanon, 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.