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FILED DEC 15 1948

Registration District No.

Primary Registration District No. 6119

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Centralia, Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community about 15 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Madison R.R. 00
(If outside city or town limits, write "RURAL")

(d) Street No. - (If rural, give location)

(e) Citizen of foreign country? - (Yes or No) ✓
If yes, name country.

3. (a) PRINT FULL NAME James Edward Ball

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1948 hour 12 minute 40 p M.

21. I hereby certify that I attended the deceased from Nov. 25, 1948, to Dec. 4, 1948, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ruth Annie Rutledge 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased: 12 (Month) 24 (Day) 1869 (Year)

Immediate cause of death: Barium of Intestine
Small
Dehydration + mal
nutrition

Due to: Dehydration + mal
nutrition

Due to:

Other conditions: 1
(Include pregnancy within 8 months of death)

Major findings: Hist

Of autopsy:

PHYSICIAN: -

Underline the cause of which death should be charged statistically.

8. AGE: Years 78 Months 11 Days 10 If less than one day, min.

9. Birthplace: Ky (City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Farming

12. Name: Robert Dallas Ball

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

14. Maiden name: Mildred Givens

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

16. (a) Informant: Mrs. Rose M. Bess

(b) Address: Centralia, Mo. R.R. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Dec. 7, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: mt Zion

18. (a) Signature of funeral director: Fred W. Thompson

(b) Address: Madison, Mo.

19. (a) Dec 11 - 1948 (Date received local registrar) (b) Maud M. Bride (Registrar's signature) 30

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?

(e) Means of injury: 2

23. Signature: R.P. Roberts (M.-D. or other) DO

Address: Centralia, Mo. Date signed: 12-4-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
DEC 14 1948
Date Filed

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 Mrs. Paul A. Thompson

Licensed Embalmer No. 2282

P. O. Address Madison 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.