

|  |                              |   |  |   |  |  |  |
|--|------------------------------|---|--|---|--|--|--|
| BIRTH NO. _____  |                              | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1001</u>  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                              |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY <u>Jackson</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>Kansas City</u>   |                              | c. LENGTH OF STAY (in this place)<br><u>19 yrs.</u>   |  | c. CITY OR TOWN<br><u>Kansas City</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Menorah</u>  |                              |   |  | • STREET ADDRESS (If rural, give location)<br><u>600 640 E. Armour</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |                              | a. (First)<br><u>Albert</u>   |  | b. (Middle)<br><u>K.</u>  |  | c. (Last)<br><u>Ball</u>   |  |
| 4. DATE OF DEATH   |                              | (Month) <u>1</u>  |  | (Day) <u>14</u>   |  | (Year) <u>55</u>   |  |
| 5. SEX<br><u>M</u>   | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Divorced</u>   |  | 8. DATE OF BIRTH<br><u>12-19-99</u>   |  | 9. AGE (In years last birthday)<br><u>55</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Jeweler - Cravens Diamond</u>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Syracuse, N. Y.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Abe Ball</u>  |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Ida Rickman</u>   |  | 14. NAME OF HUSBAND OR WIFE   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                              | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Virginia Ann Ball 5701 Montgall</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death. |                              | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Multiple Rib Fractures</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 1/2 to 26</u>   |  |
| 19a. DATE OF OPERATION   |                              | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Accident</u>  |                              | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Street</u>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Jackson 10<sup>0</sup> Mo</u>   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>1-9-55</u>   |                              | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><u>Two Car Collision</u>  |  |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.        |                              |   |  |   |  |  |  |
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <sup>2</sup>   |                              |   |  | 23b. ADDRESS<br><u>1034 Pinalto Bldg</u>  |  | 23c. DATE SIGNED<br><u>1-15-55</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                              | 24b. DATE<br><u>1-16-55</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Rose Hill</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u>   |  |
| DATE REC'D BY LOCAL REG.<br><u>1-15-55</u>   |                              | REGISTRAR'S SIGNATURE<br><u>neva minshall</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Louis Fun'l Home</u>   |  | ADDRESS<br><u>K.C. Mo.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 6 1955

---

---

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *A. L. Louis* .....

Licensed Embalmer No. *311*

P. O. Address *K. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.