

12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7571**  
Registrar's No. **39**

Registration District No. **360** Primary Registration District No. **3076**

1. PLACE OF DEATH:  
(a) County **Vernon**  
(b) City or town **Nevada**  
(c) Name of hospital or institution:  
**At home**  
(d) Length of stay: In hospital or institution **40 years**  
In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Vernon** **108**  
(c) City or town **Nevada** **1**  
(d) Street No. **319 So. Ash** **2**  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Willfred Thomas Ballagh**  
3. (b) If veteran name war **None**  
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Beulah Ballagh**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Sep 11 1870**

8. AGE: Years **77** Months **4** Days **25**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Port Hope Canada**  
10. Usual occupation **Drug Store Operator**  
11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Isaac Orman Ballagh**  
13. Birthplace **Canada**  
14. Maiden name **Susan Carson Ballagh**  
15. Birthplace **Canada**

16. (a) Informant **Mrs. Beulah Ballagh**  
(b) Address **Nevada, Mo.**  
17. (a) **Burial** (b) Date thereof **Feb 7 1948**  
(c) Place: burial or cremation **Deepwood Cemetery**

18. (a) Signature of funeral director **Elmer V. Kaye**  
(b) Address **Nevada, Mo.**  
19. (a) **2-23-48** (b) **Kathryn Young**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **5th** year **1948** hour **9** minute **10 a.m.**  
21. I hereby certify that I attended the deceased from **8-30 1946** to **2-5 1948**  
that I last saw him alive on **2-5-48** and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerotic heart disease with acute left ventricular failure**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(c) Means of injury **?**  
23. Signature **E. Baxter Davis** (M. D. or other) \_\_\_\_\_  
Address **Nevada, Mo.** Date signed **2-7-48**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 71  
District File Number 2-48-177  
Date Filed 3-3-48

NOV 5  
1957

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

*Allen J. Taylor*

Licensed Embalmer No. 1968

P. O. Address

*Nevada, 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.