

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40630

FILED DEC 15 1947

State File No.

Registration District No. 293L

Primary Registration District No. 4493

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Birch Tree, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 19 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(e) State Missouri (b) County Shannon 101
(c) City or town Birch Tree, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME James Ellis Ball

3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Ball 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Nov 23rd 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 5 If less than one day
hr. min.

9. Birthplace Hector Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Dealer

11. Industry or business

12. Name John A. Ball

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

14. Maiden name Nancy Nutt

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

16. (a) Informant Mrs Dora Ball

(b) Address Birch Tree, Mo

17. (a) Burial (b) Date thereof 9 30 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Birch Tree, Mo

18. (a) Signature of funeral director John S. Ammon

(b) Address Mountain View, Mo

19. (a) 11-25-47 (b) Mabel Reel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th
year 1947 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from
....., 1947 to Sept 28, 1947
that I last saw him alive on Sept 28
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) A
Major findings:
Of operations.....
Of autopsy.....

Duration

30 min

PHYSICIAN

Underline the cause to 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 0

23. Signature R. & Davis (M. D. or other)

Address Birch Tree Mo Date signed 11/25/47

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

MOTHER FATHER

RECEIVED

District

or No. 5.

District

1247700

Date Filed

12-13-47

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 _____
John G. Amman

Licensed Embalmer No. 2576

P. O. Address Ohio River 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.