

No. 2
5-43
5-17-39
X38671

FILED MAR 2 1946
149

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City

(c) Name of hospital or institution: Jackson Side Hospital - D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED: Wyanett, Mo.

(a) State Kansas (b) County Jackson

(c) City or town Jackson City
(If outside city or town limits, write "RURAL")

(d) Street No. 716 S. Pyle St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME James Terry Ballard

3. (b) If veteran name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb. 7 - 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1946 hour 5 minute 33 P. M.

21. I hereby certify that I attended the deceased from February 7th to February 10th 1946 that I last saw him alive on February 10th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration —

8. AGE: Years Months Days If less than one day
3 hr. min.

Due to —

Due to —

Other conditions (include pregnancy within 3 months of death) 8:30 W

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business —

12. Name James T. Ballard

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

14. Maiden name Thelma Kirschner

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

16. (a) Informant James T. Ballard

(b) Address 716 S. Pyle St.

17. (a) Buried (b) Date thereof Feb 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prarie Home Mo.

18. (a) Signature of funeral director Libbath

(b) Address Jackson City, Mo.

19. (a) 2-11-46 (b) Gerardine Holman
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations —

Of autopsy —

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) (a) Means of injury —

23. Signature Frank A. Sherris (M. D. or other) DO
Address 504 W. W. 1st St., No. 3, Mo. Date signed 2-10-46

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

149

AA

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.....

Phil C. Gibson
Licensed Embalmer No. 3135

P. O. Address Harris City, Tenn

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.