

FILED AUG 9 1948

State File No. _____

Registration District No. _____

Primary Registration District No. 3012

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 days (Specify whether years, months or days)

3: (a) PRINT FULL NAME VINA ALICE CATES

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Vane Cates 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 22 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 22 hr. min.

9. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name John P. Ballard
13. Birthplace Kentucky - Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Winnie Bales
15. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Andy W. Ballard
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof July 16 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Thomas J. Carter
(b) Address Richmond, Mo.

19. (a) 7/14/48 (b) Paroline Hutchings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89
(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 111 West Lexington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1948 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from May 18 1948 to July 14 1948
that I last saw her alive on July 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 039

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 _____

23. Signature [Signature] (M. D. or other) _____
Address Richmond Date signed 7-15-48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 8-6-48

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..... *Thomas J. Carter*.....

Licensed Embalmer No. *4474*.....

P. O. Address..... *Richmond, 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.