N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
26655

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1001 — Registered No. 3412
City Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME George Ebmeyer
(a) Residence, No. Helping Hand St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-28-1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
73	4	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

FATHER
13. NAME Henry Ebmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

MOTHER
15. MAIDEN NAME Wilhelmina
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

17. INFORMANT (ADDRESS) Record Clerk K.C. Gen. Hosp. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL Green Lawn DATE 8-28-33

19. UNDERTAKER (ADDRESS) Quirk & Tolin

20. FILED 8/28 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1933 to 8-22, 1933
I last saw him alive on 8-22, 1933 Death is said to have occurred on the date stated above, at 4:50 P.M.
The principal cause of death and related causes of importance were as follows:
Confluent Bronchopneumonia — Date of onset
101
Other contributory causes of importance:
101

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. H. Jennett, M. D.
8-23-33 (Address) Supt. K.C. Gen. Hosp. K.C. Mo.