

W.C. JAN 13 1939

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

41623
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Rox Primary Registration District No. 100
(c) City Manassas City (d) Street No. 1804 Elmwood Registered No. 4689
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Caroline Ebbert
(a) Residence, No. 1804 Elmwood St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David H. Ebbert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 3 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) Carroll Co. Ohio
13. NAME Nathan De Ford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa
15. MAIDEN NAME Clara Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa
17. INFORMANT (ADDRESS) Mrs. C. B. Williams 1804 - Elmwood
18. BURIAL, CREMATION, OR REMOVAL PLACE Lansburg Kans. 12/2 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. B. Foster 714 Brooklyn N. E. Mo
20. FILED Dec 2 1938 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 1st. 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 1938, to Dec. 1 1938
I last saw him alive on Dec 1 1938. Death is said to have occurred on the date stated above, at 12:30 P.
The principal cause of death and related causes of importance were as follows:
Myocardial failure
General debilitation
fracture of hip
Date of onset July
Other contributory causes of importance: 186a
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc Date of injury July 1936
Where did injury occur? R. 6 mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Ice Fall at home
Nature of injury Fracture of hip
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify (Signed) Leht Wyatt, M. D.
(Address) 3850 Prospect

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.

3:30 P.M.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.