

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

14628

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.

JUN 8 1939

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

19506  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Pike Registration District No. 689  
 (b) Township ~~Lawrence~~ Primary Registration District No. 303.3 Registered No. \_\_\_\_\_  
 (c) City Lauriana (d) Street No. 101 1/2 N 5th (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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 William G Ebenezer  
 (a) Residence, No. 101 1/2 N 5th 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-3-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 6 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Police  
 9. Industry or business in which work was done, as saw mill, bank, etc. Night Watchman  
 10. Date deceased last worked at this occupation (month and year) about a year ago 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Mo

FATHER  
 13. NAME George Ebenezer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherokee Nation Indn. Terr

MOTHER  
 15. MAIDEN NAME Amanda Davenport  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT (ADDRESS) Mrs Hazel Ebenezer Lauriana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE 5/19/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Haley Lauriana Mo

20. FILED 5/19/39 J. C. Haley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1939 to May 16 1939  
 I last saw him alive on May 15 1939. Death is said to have occurred on the date stated above, at 11 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Hypostatic Pneumonia Date of onset May 15 39  
131  
 Other contributory causes of importance: Cardio-vascular Renal disease unknown

Name of operation negative Date of negative  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none  
 If so, specify \_\_\_\_\_  
 (Signed) Paul Meyer M. D. 0  
 (Address) Lauriana Mo

**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, .....

*George O. Wagner*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*George O. Wagner*

Licensed Embalmer No. ....

*3793*

P. O. Address

*Louisiana, 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, above space should be left blank.**