

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

39704
 Do not use this space.

DEC 15 1939

1. PLACE OF DEATH

(a) County Greene Registration District No. 328
 (b) Township Greene Primary Registration District No. 3017
 (c) City Greene (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 16 yrs. 10 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Y. Ebbe
 (a) Residence, No. 614 Edin 925 St. (If nonresident, give city or town and State)

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 Klara Hattberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>11</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc. retired
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nysted Denmark

FATHER

13. NAME Unknown 7
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓ 7

MOTHER

15. MAIDEN NAME Unknown 9
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS) Mrs 99 Ebbe Greene Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE Aug 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Therby Funeral Home Greene Mo

20. FILED 8-20-39 Irene D Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19th 1939

I HEREBY CERTIFY, that I attended deceased from Aug 5th 1939, to Aug 19th 1939
 I last saw him alive on Aug 19th 1939, 1939 Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach

Date of onset PP

Other contributory causes of importance: H²

Name of operation None Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? _____

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? No
 If so, specify Oliver F. Duff M. D.
 (Signed) _____ (Address) Greene Mo

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.

RECEIVED
District Officer No. 111
1239-1605
NOV 28 1939

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,

Clifford Oberg

....., or by

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

Signed.....

Clifford Oberg

Licensed Embalmer No. *3443*

P. O. Address *Frenton 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.