

No. 15-46
17-39
22-21

FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH



15378

State File No. _____

Registration District No. 644

Primary Registration District No. 5853

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Osage
(b) City or town REDA Lincoln Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
(c) City or town Bornets Mill Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1941 hour 3 minute _____ M.
21. I hereby certify that I attended the deceased from May 4
1941 to May 4 1941

that I last saw him alive on May 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage
apoplexy
High Blood Pressure
Duration 24 hours
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Henry B. Ebert.

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 14, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name August Ebert

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Nilges

15. Birthplace Osage County (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul Lecure

(b) Address Bornets Mill, Mo. RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/41
(Month) (Day) (Year)

(c) Place: burial or cremation Cadycreek Cemetery

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Lincoln, Mo

19. (a) 5-6-41 (Date received local registrar) (b) Family Matter (Registrar's signature)

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? 575
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo. Williams (M.D. or other)

Address Lincoln Mo Date signed May 4 1941

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

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..... *Vernon M. Merton*

Licensed Embalmer No. *4425*

P. O. Address..... *Lynn*

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.