

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16037

Registration District No. 827

Primary Registration District No. 4500

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Clarence mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 69 yrs
years, months or days)

3. (a) PRINT FULL NAME FRANCIS M. EBERHARD

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

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

6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased June 20 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 1 If less than one day
hr. min.

9. Birthplace Colon Mich
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business General mfg's

12. Name David Eberhard

13. Birthplace dent Penn
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Eberhard

15. Birthplace dent Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Albin Eberhard

(b) Address Quincy Ill

17. (a) Burial (b) Date thereof 4/13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple wood

18. (a) Signature of funeral director William E. Buehler

(b) Address Clarence mo

19. (a) 4-26-41 (b) Ray Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Clarence
(If outside city or town limits, write "RURAL")
(d) Street No. 12
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1941 hour 6 minute 30a M.

21. I hereby certify that I attended the deceased from Feb 28, 1941, to April 21, 1941,
that I last saw him alive on April 18, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 1 week

Due to Chr myocarditis 5 yrs

Due to Fractured Hip 14 months

Other conditions Fell on Kitchen floor at home 2/28/40

Major findings: Of operations 13H

Of autopsy 13H

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 151

(b) Date of occurrence 4/21/41

(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?

(Specify type of place)

While at work? (e) Means of injury 151

23. Signature D. L. Harlan (M. D. or other) 151

Address Clarence mo Date signed 4/22/41

RECEIVED

District Health Officer No. 10

District File Number 5-41-923

Date Filed MAY 14 1941

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. 3835

P. O. Address Shelburne

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.