

Registration District No. 355

Primary Registration District No. 5497

Registrar's No. 10

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town Ladue Mo
(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yr. (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME MARTHA ANN Eberting

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

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

6. (b) Name of husband or wife ADAM 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased 4-5-1855 (Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

MOTHER FATHER { 12. Name Unknown 13. Birthplace Unknown? (City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown? (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Gladys Scott

(b) Address Ladue Mo

17. (a) Burial (b) Date thereof 4-18-41 (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director Fred W. Winkler

(b) Address Clinton Mo

19. (a) 4-18-41 (b) W. E. Baggerly (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County HENRY
(c) City or town Ladue (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17
year 1941 hour 8:00 minute PM

21. I hereby certify that I attended the deceased from 4-16, 1941, to 4-16, 1941.

that I last saw her alive on 4-16, 1941.

and that death occurred on the date and hour stated above.

Immediate cause of death.

Cerebral hemorrhage Duration 2 days

Due to 4-16

Due to 4-16

Other conditions (Include pregnancy within 3 months of death)

Major findings: Myocarditis

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

(Specify type of place)

(e) Means of injury

23. Signature James Scott (M. D. or other)

Address Clinton Mo Date signed 4-18-41

RECEIVED

Public Health Officer No. 71

License Number 6-41-910

Date filed 6-4-41

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.....

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clinton Ma

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.