

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27110

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HERMANN, 1 MO. R.F.D. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ALL HIS LIFE years, months or days

3. (a) PRINT FULL NAME FREDERICH WILLIAM EBKER

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

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 17, 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace DRAKE MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

12. Name PHILIP EBKER

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

14. Maiden name DORETHEA FROMM

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

16. (a) Informant Paul Ebker

(b) Address Hermann, Mo. R.F.D. 1

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 8 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation DRAKE M.E. Cemetery

18. (a) Signature of funeral director W.F. Gattin

(b) Address Ovenville, Mo

19. (a) Aug 1, 1942 (b) Mrs. F.B. Meyer (Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. BOEUF Township
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1942 hour 7 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from July 21, 1942 to July 31, 1942 that I last saw him alive on July 31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hepatitis Duration 11 days

Due Chronic prostate enlargement

Due to _____

Other conditions (Include pregnancy within 3 months of death) 125 lb

Major findings: Of operations no operation

Of autopsy none

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? _____

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

23. Signature John Engelbrecht (M. D. or other)

Address Staring Hill Date signed 8-1-42

(Licensed Embalmer's Statement on Reverse Side)

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

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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 me

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

Signed W.F. Gattinostroeter

Licensed Embalmer No. 1444

P. O. Address Owensville 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, fact should be so stated above.