S. No. 2
M—5-42
S-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 10324

Registration District No. 5512 — Primary Registration District No. 5512 — Registrar's No. 49

APR 14 1943

1. PLACE OF DEATH:
(a) County Henry (b) City or town Rural Honey Creek Tp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6 Mi N of Clinton Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 16 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary S. Ebeling
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband ~~or wife~~ Henry Ebeling
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 26 (Day) 1864 (Year)

8. AGE: Years 77 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant W. C. Anstine
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 2 43 (Month) (Day) (Year)
(c) Place: burial or cremation Lutheran Cem of Linden
18. (a) Signature of funeral director Fred Wilkinson Mo
(b) Address Clinton Mo
19. (a) March 1, 1943 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

1069

(Licensed Embalmer's Statement on Reverse Side)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1943 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 1, 1943 to Feb 27, 1943; that I last saw h[illegible] alive on Feb 24, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic nephritis | 2 yrs |
| Due to: | |
| Due to: 1314 | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
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)
While at work? (e) Means of injury

23. Signature H. L. Walker (M.D. or other) MD
Address Clinton Mo Date signed 3-1-43

RECEIVED
District Health Officer No. 7,
District File Number 3-43-95
Date Filed 4-12-43

## 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 Me

**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.**