

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3325

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 30 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4026 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Seth Eberhart

3. (b) If veteran, name war No  
3. (c) Social Security No. 496-16-0358

4. Sex M. 5. Color or race Wh  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased Oct 14 1898  
(Month) (Day) (Year)

8. AGE: 64 Years Months 9 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Seth Eberhart  
13. Birthplace Perry (City, town, or county) (State or foreign country)  
14. Maiden name Mary Reynolds  
15. Birthplace Perry (City, town, or county) (State or foreign country)

16. (a) Informant Ida Eberhart

(b) Address 4026 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-43  
(Month) (Day) (Year)

(c) Place: burial or cremation not inquest

18. (a) Signature of funeral director Walter Roe

(b) Address 7-31-93

19. (a) 7-31-43 (Date received local registrar) (b) E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
1943 year. hour 8 minute 10 P M.

21. I hereby certify that I attended the deceased from July 26 43 to July 26 43  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death incarcerated femoral hernia intestinal obstruction

Due to \_\_\_\_\_  
Due to 12202

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy see above

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)  
(b) Means of injury \_\_\_\_\_  
23. Signature Wm R. Shaw (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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.....

*Harlyn Roe*

Registered Apprentice No.....

working under my personal supervision.

Signed.....  
*Harlyn Roe*

Licensed Embalmer No.: *2810*

P. O. Address: *K. E. M.*

**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.