S. No. 2
M—2-43
5-17-32
X35697

FILED NOV 12 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. F 34980

Registration District No. 956 Primary Registration District No. 2001 Registrar's No. 600

49
2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community 30 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin,
(If outside city or town limits, write "RURAL")

(d) Street No. 900 E. 7th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kenneth E. Ebersole

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 25, 1943
(Month) (Day) (Year)

8. AGE: Years | Months | Days 30 | If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John M. Ebersole
13. Birthplace Ft. Scott (City, town, or county) Kansas 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ann Greenwell
15. Birthplace Joplin (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant J. M. Ebersole
(b) Address 900 E 7th Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin, Missouri

19. (a) 10-26-43 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1943 hour 9:00 A. M. minute M.

21. I hereby certify that I attended the deceased from 9-25-43, 19, to 10-25-43, 19;
that I last saw him alive on 10-25-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration 7 months

Due to

Due to Hydrocephalus

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 157a

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 Walter Howard (M. D. or other)
Address Joplin Mo Date signed 10-26-43

(Licensed Embalmer's Statement on Reverse Side)

1201

43-10-921

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. Henry K. Hurlebut

Licensed Embalmer No. 959

P. O. Address Joplin 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.