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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10736

Registration District No. 74 Primary Registration District No. 5297 Registrar's No. 32 - 10

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 25

(a) State Missouri (b) County Clinton 0

(c) City or town Holt 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mabel Claire Eberts

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female

5. Color or race White Amer

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

6. (b) Name of husband or wife Joseph D. Eberts

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

7. Birth date of deceased Aug (Month) 16 (Day) 1879 (Year)

8. AGE: Years 64 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Arthur Yates
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Agnes Shackelford
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant E. B. Yates
(b) Address Liberty, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 30 - 44 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch near Holt

18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney Mo

19. (a) 4-4-44 (Date received local registrar) (b) Mrs A C Hartell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 44 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Jan 1937 to Mar 27 1944
that I last saw her alive on Mar 20 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Sudden
Due to Coronary Sclerosis	5 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94a

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 Glenn W. Hendrix (or other) MD
Address Liberty, Mo Date signed 3/28/44

1083

(Licensed Embalmer's Statement on Reverse Side)

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.....Leonard Fry.....

Licensed Embalmer No.....1677.....

P. O. Address.....Kearney.....

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.