

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14616**

FILED APR 22 1944

Registration District No. **117**

Primary Registration District No. **5435**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **GASCONADE**  
(b) City or town **RURAL BOEUF TWP.**  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **ENTIRE LIFE** years, months or days

3. (a) PRINT FULL NAME **HENRY GOTERFIED EBKER**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **LOUISE HESEMANN EBKER** 6. (c) Age of husband or wife if alive **DEAD** years

7. Birth date of deceased **DECEMBER 2 1865** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 4 3** hr. min.

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

10. Usual occupation **RETIRED FARMER**

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

12. Name **PHILIP EBKER**

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

14. Maiden name **DOROTHEA FROMM**

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

16. (a) Informant **WILBERT EBKER**

(b) Address **DRAKE MO.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **APRIL 8 1944** (Month) (Day) (Year)

(c) Place: burial or cremation **CHARLOTTE EV. CEM.**

18. (a) Signature of funeral director **Michael N. N. Winter**

(b) Address **Quincyville Mo.**

19. (a) **4-7-44** (Date received local registrar) (b) **Mrs F B Dwyer** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GASCONADE**  
(c) City or town **RURAL 37** (If outside city or town limits, write "RURAL")

(d) Street No. **DRAKE 6** (If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **5** year **1944** hour **Seven** minute **P. M.**

21. I hereby certify that I attended the deceased from **Sept 12 1938** to **April 4th 1944**  
that I last saw him alive on **April 4th 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis 6 years**

Due to **Atherosclerosis**

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

Other conditions (Include pregnancy within 3 months of death) **930**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **E. F. Rhodius** (M. D. or other)

Address **St. Louis** Date signed **April 7**

MOTHER FATHER

FEB 23 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4 - 20 - 44

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 Michael A. Winter  
Licensed Embalmer No. 3838

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.