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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1944

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

18223

State File No.

Registrar's No. 151

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1497 N. Osage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1497 N. Osage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: WILLIAM B. EBELING

3. (b) If veteran, name war: None

3. (c) Social Security No. 496-16-4610

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: September (Month) 19 (Day) 1878 (Year)

8. AGE: Years 65 | Months 8 | Days 7 | If less than one day: hr. min.

9. Birthplace: Benton Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business:

MOTHER FATHER
12. Name: William Ebeling
13. Birthplace: Benton Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Gasena Hashagen
15. Birthplace: Benton Co., (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Linden Ebeling
(b) Address: 2741 Troost, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills

18. (a) Signature of funeral director: George C. Carson
(b) Address: Independence, Mo.

19. (a) 5/27/1944 (Date received local registrar) (b) James Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from May 20, 1944 to May 25, 1944 that I last saw him alive on May, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma of rectum — Duration: 4 d

Due to:

Due to:

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: J. N. Greene (M. D. or other)
Address: Independence, Mo. Date signed: 5/27/44

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(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 Floyd C Carson

Licensed Embalmer No. H199

P. O. Address Independence, 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.