

1. PLACE OF DEATH  
 (a) County Cass  
 (b) City or town Pleasant Hill  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri County Cass  
 (c) City or town Pleasant Hill - 19  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Fredrick Andrew Eberhard  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 13<sup>th</sup>  
 year 1944 hour 2:38 minute \_\_\_\_\_ P. M.

4. Sex M. 5. Color or race Wh.  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from June 1944 to Aug 13 1944  
 that I last saw him alive on Aug 13 1944  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased June - 25 - 1882  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

8. AGE: Years 62 Months 1 Days 18  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Essential hypertension  
 Due to arteriosclerosis

9. Birthplace Bellville Kansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Laborer  
 11. Industry or business \_\_\_\_\_

Other conditions 1  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
 12. Name Robert W. Eberhard  
 13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
 14. Maiden name Susan Faber  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations g3a  
 Of autopsy \_\_\_\_\_

16. (a) Informant Elmer Eberhard  
 (b) Address Pleasant Hill, Mo  
Removal (b) Date thereof 8/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place of burial or cremation Removal  
 18. (a) Signature of funeral director D. N. Springer  
 (b) Address Pleasant Hill, Mo  
 19. (a) Oct. 4, 1944 (b) MARGARET VOLLE  
(Date received by local registrar) (Registrar's signature)

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 J. F. Kraeger (M.D. or other) DO  
 Address Pleasant Hill, Mo Date signed 8-19-44

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

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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..... *D. M. of Singer*

Licensed Embalmer No. *3438*

P. O. Address *Pleasant Hill, 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.