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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37193

State File No.

Registrar's No. 1155

Registration District No. 42

Primary Registration District No. 1005

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph Mo.
(c) Name of hospital or institution: Mo. Methodist Hospital
(d) Length of stay: In hospital or institution 1 day
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb
(c) City or town Rural
(d) Street No. 5 miles Southeast of Union Star Mo.
(e) Citizen of foreign country? No
If yes, name country 1

3. (a) PRINT FULL NAME DONALD LEE EBERSOLD

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

4. Sex M Color or race W 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased May 20, 1927 (Month) (Day) (Year)

8. AGE: 17 Years 5 Months 30 Days If less than one day hr. min.

9. Birthplace Union Star Mo. (City, town, or county) (State or foreign country)

10. Usual occupation school boy

11. Industry or business

12. Name Herman E. Ebersold
13. Birthplace Union Star Mo. (City, town, or county) (State or foreign country)
14. Maiden name Lucile Chapman
15. Birthplace Union Star Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman E. Ebersold

(b) Address Union Star, Mo.

17. (a) Burial (b) Date thereof Nov. 21, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo.

19. (a) 11-20-44 (b) Paul J. Pickel (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1944 hour 9 minute 25 P.M.

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

Immediate cause of death Laceration of brain - with hemorrhage
Due to Auto accident

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
1944

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) accident 11

(b) Date of occurrence 11-19-44

(c) Where did injury occur? Near St Joseph, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway

While at work? _____ (Specify type of place) (e) Means of injury Auto accident

23. Signature Paul J. Pickel (M. D. or _____)

Address St Joseph, Mo. Date signed 11-20-44

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

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..... *Lucile M. Wilson*.....
Licensed Embalmer No..... *2830*.....
P. O. Address..... *King City, 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.