

No. 2
12-45
-17-39
X47070

FILED SEP 19 1946

Registration District No. 1002 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County JACKSON
 (b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3016 CAMPBELL STREET
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 1 YEAR
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON 48
 (c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 3016 CAMPBELL STREET 8
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY J. EBERTING
 3. (b) If veteran, name war No
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month AUG day 30th year 1946 hour 5 minute 4 M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death Acute Coronary Occlusion
Reputy Coronert

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MR. JOHN ADAMSON EBERTING
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased: MAY 1 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace HENEY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER {
 12. Name JOE McGINNESS
 13. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)
 14. Maiden name LAURA JONES
 15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Coy Eberting
 (b) Address 3016 Campbell

17. (a) BURIAL (b) Date thereof AUG-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLINTON, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer, Sone

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 8-31-46 (b) Seraldine Holmeis
(Date received local registrar) (Registrar's signature)

Other conditions _____
(Include pregnancy within 8 months of death) g/a
 Major findings:
 Of operations _____
 Of autopsy See Above
 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)
 Means of injury _____
 Signature W. E. Walker (M. Registrar)
 Address 2500 Mum Date 8/30/46

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.