

FILED DEC 31 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5346

## 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:  
K.C. General Hospital No. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 18 days  
 (Specify whether years, months or days) 26 YEARS

3. (a) PRINT FULL NAME Gertrude Ebert

3. (b) If veteran, name war No  
 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MR. JACOB EBERT  
 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased MARCH 28 1877  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>22</u>	hr. min.

9. Birthplace LOOSE CREEK MISSOURI  
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER  
 12. Name WILLIAM P. MUENKS  
 13. Birthplace GERMANY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARGARET SCHMITZ  
 15. Birthplace LOOSE CREEK MISSOURI  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carl Ebert  
 (b) Address 4036 Olive Street  
 17. (a) BURIAL (b) Date thereof DEC 23 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation CALVARY CEMETERY  
 18. (a) Signature of funeral director J. H. Newcomer Sons  
 (b) Address 1401 BRUSH CREEK BLDG.  
 19. (a) 12-21-46 (b) Geraldine Holmes  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4036 Olive  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. day 20th  
 year 1946 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from 12-2-46, 19, to 12-20-46, 19;  
 that I last saw her alive on 12-20-46, 19;  
 and that death occurred on the date and hour stated above.

Immediate cause of death meningitis-cause undetermined

Due to non epidemic

Due to

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 8/0

Of autopsy None

Duration

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

23. Signature Wm W. Hart (M. D. or other)  
 Address Med. Dir. K.C. Gen. Hosp. Date signed 12-21-46

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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 *Elmer Trotter*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

**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.**