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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12503

State File No. _____

FILED APR 21 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 512

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether in this community 45 years. years, months or days)

3. (a) PRINT FULL NAME Curtis Elmer Ebersold

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louella Ebersold

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 21 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 17
If less than one day hr. min.

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

10. Usual occupation Retired Gardner

11. Industry or business _____

12. Name Henry Ebersold

13. Birthplace Egan Erie County New York
(City, town, or county) (State or foreign country)

14. Maiden name Julia Fisher

15. Birthplace Ashtabula Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louella Ebersold

(b) Address 2209 No. 7th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Apr. 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star, Mo. Oak Grove Cemetery

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 4-12-47 (b) H. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2209 No. 7th Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1947 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 18 1947 to April 8 1947,
that I last saw him alive on April 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis of bladder origin
Duration ukn.

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? Cemetery

(e) Means of injury _____
(Specify type of place)

23. Signature Arthur D. Gray (M. D. initials)
Address Tootle Bldg., St. Joseph signed 4-8-47

2-5366

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..... *Albert C. Harrington*
Licensed Embalmer No. 3258 Missouri
P. O. Address. St. Joseph, 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.