S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16698

Registration District No. 152 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST JOHN'S
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER
(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No. 2818 Jackson Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JACK LEE EBBS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced CHILD
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 20 (Day) 1943 (Year)

8. AGE: Years 4 Months 10 Days 29 If less than one day hr. min.

9. Birthplace JOPLIN, MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name JACK K. EBBS
13. Birthplace JOPLIN, MISSOURI
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name OPAL CUPP
15. Birthplace OKLAHOMA
(City, town, or county) (State or foreign country)
16. (a) Informant JACK K. EBBS
(b) Address 2818 Jakkson, Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 4-27-48 (Date received local registrar) (b) Delores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19 year 1948 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from 4-18, 1948 to 4-19, 1948; that I last saw him alive on 4-19, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	3 Days
Due to: Intestinal Obstruction due to Meckel's Diverticulum	4 Days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Obstruction due to Meckel's Diverticulum	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) MD
Address [illegible] Date signed 4-23-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

48-5-411

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.