

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 9079
1017

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>55 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Home for Aged, 7801 Holmes</u>				14. STREET ADDRESS (If rural, give location) <u>7801 Holmes</u>					
3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u>			a. (First)		b. (Middle)		c. (Last) <u>EBERT</u>		
4. DATE OF DEATH <u>March 5, 1956</u>		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 8, 1854</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		9. AGE (In years last birthday) <u>101</u>		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Hadas</u>			14. NAME OF HUSBAND OR WIFE <u>Carrie Ebert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>490-16-1982A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Gertrude Ebert, 5050 Oak, K. C., Mo.</u>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, hypostatic</u> ANTECEDENT CAUSES DUE TO (b) <u>General cachexia</u> DUE TO (c) <u>Arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4 Months</u> <u>4 yrs</u> <u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3-14</u> , 19 <u>56</u> to <u>3-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-4</u> , 19 <u>56</u> , and that death occurred at <u>6:05 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>B. Marcus Heller</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>409 E. 63rd</u>				23c. DATE SIGNED <u>3-6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>3-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D. W. Newcomer's Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-8-56</u>		REGISTRAR'S SIGNATURE <u>neva marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND. CO. K.C.MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Moore's Keller
409 E 63
Gen 1-0724

Exp 6:05 PM

About 11:30
to 12:00

1 PM to >

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmo D. Zips*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.