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K23159

FILED JUL 7 1941
Registration District No. 355

Primary Registration District No. 5497

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town La Puc
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 2 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town La Puc 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 64 0 years.

3. (a) PRINT FULL NAME Adam Eberting

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 7:30 minute _____ P. M.

4. Sex MC 5. Color or race W

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

6. (b) Name of husband or wife Martha Eberting

6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: 14 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15, 1941, to June 17, 1941, that I last saw him alive on June 17, 1941, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>3</u>	_____ hr. _____ min.

Immediate cause of death: Locked Bowel & Peritonitis

9. Birthplace Germany
(City, town, or county) (State or foreign country)

Due to Senility
Chronic interstitial nephritis

Due to _____

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 1312

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Gruber

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Sottie Scott

(b) Address La Puc Mo

17. (a) Burial (b) Date thereof 6-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anglemore Cem

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? _____

18. (a) Signature of funeral director Thos. Wilkinson

(b) Address Clinton Mo

19. (a) 6-19-41 (b) W. E. Baggaley
(Date received local registrar) (Registrar's signature)

While at work? 317 (Specify type of place)

(a) Means of injury _____

23. Signature Geo. P. ... (or other) _____

Address Clinton Mo Date signed 6-19-41

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1070

Date Filed 7-2-41

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

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.