V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

Registration District No. 9-7

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-378

State File No. 16750

Registrar's No. 41

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

**1. PLACE OF DEATH:**

(a) County DeKalb

(b) City or town Union Star (Rural) Polk Twp
(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 69 yrs. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 32

(a) State Mo. (b) County DeKalb

(c) City or town Union Star, Mo. Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME ALBERT E EBERSOLD

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Clara V. Ebersold

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Oct. 20, 1859
(Month) (Day) (Year)

8. AGE: Years 85 | Months 7 | Days 4 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business ____

MOTHER FATHER

12. Name Henry Ebersold

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

14. Maiden name Julia Fisher

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

16. (a) Informant Galen L Ebersold

(b) Address Union Star Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Leslie M. Wilson

(b) Address Lucas Stryker Mo.

19. (a) 6-3-45 (Date received local register) (b) John Clarke (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1945 hour 3 minute 30 a.M.

21. I hereby certify that I attended the deceased from May 17, 1945, to May 24, 1945; that I last saw him alive on May 23, 1945; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Hemmorhage | 2 Days |
| Due to Arterio Sclerosis | |
| 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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature E M Reynolds (M. D. or other)

Address Union Star Mo. Date signed 5-24-45

1318

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 1948

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

## 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 Lucile M Wilson

Licensed Embalmer No. 2830

P. O. Address King City, 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.**