

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

National Office of Vital Statistics  
**FILED JUL 10 1948**

Registration District No. **765-**

Primary Registration District No. **5610**

1. PLACE OF DEATH:

(a) County... **Johnson**

(b) City or town... **Rural, Jefferson Twsp.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... **Route # 1, Windsor**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **44 years**  
(Specify whether years, months or days)

In this community... **44 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Johnson**

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

(d) Street No... **R # 1, Windsor**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

51  
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3. (a) PRINT FULL NAME... **Edward C. Ebersole**

3. (b) If veteran, name war... **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **June** day... **1**  
year... **1948** hour... **5** minute... **8** A. M.

4. Sex... **Male**

5. Color or race... **White**

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

6. (b) Name of husband or wife... **Ella Budgett Ebersole**

6. (c) Age of husband or wife if alive... **79** years

7. Birth date of deceased... **December 5 1869**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **24 May 1948** to **June 1 1948** that I last saw him alive on **June 1 1948** and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<b>78</b>	<b>5</b>	<b>26</b>	hr. min.

Immediate cause of death... **Myocardial infarction (ox heart)**

Due to.....

Due to.....

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

10. Usual occupation... **Farming**

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

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name... **John W. Ebersole**

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

14. Maiden name... **Katherine Johnson**

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

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant... **Mrs. E. C. Ebersole**

(b) Address... **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof... **6-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Windsor, Missouri**

18. (a) Signature of funeral director... **Huston Turner**

(b) Address... **Windsor, Mo.**

19. (a) **June 8 - 48** (b) **Mamie D. Hesketh**  
(Date received local registrar) (Registrar's signature)

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... **0**

23. Signature... **Arnold M. D.** (M. D. or other)

Address... **Windsor, Missouri** Date signed... **6-3-48**

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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.....

William M. Turner....., Registered Apprentice No. 470  
working under my personal supervision.

Signed Edwin A. Austin.....

Licensed Embalmer No. 3391.....

P. O. Address Windsor, N.C......

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.