

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25690
Do not use this space.

1. PLACE OF DEATH *Jefferson 2*
(a) County *Jefferson 2* Registration District No. *423*
(b) Township *Wentworth 1* Primary Registration District No. *5578*
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *JENNIE, D. EBEL* *140*
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William Ebel*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 6th 1874*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 - 12
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *House Wife*
9. Industry or business in which work was done, as saw mill, bank, etc. *House Wife*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bunker Hill Ill.*
13. NAME *Mark Hudson* 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown* 9
15. MAIDEN NAME *unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *A. M. Ebel Barnhart mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Burgess Cemetery July 21 1938*
19. FUNERAL DIRECTOR (ADDRESS) *Healy & Sons Funeral Home*
Springfield mo
20. FILED *July 20 1938* *Phil J. Pirte* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 19th 1938*
22. I HEREBY CERTIFY that I attended deceased from *Jan 1936* to *July 1938*
I last saw him/her alive on *July 18 1938*. Death is said to have occurred on the date stated above, at *5:50 a.m.*
The principal cause of death and related causes of importance were as follows:
Chr Myocarditis
Date of onset
Other contributory causes of importance: *93C*
Demay
Name of operation Date of
What test confirmed diagnosis? *Autopsy* Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify
(Signed) *A. Reichert* M. D.
394 (Address) *Amminawick Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 10 1947

STATEMENT BY LICENSED EMBALMER

I, Elmer C. Heiligtag, Licensed Embalmer No. 3571

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Elmer C. Heiligtag

Licensed Embalmer No. 3571

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.)