

BUREAU OF THE CENSUS  
FILED MAR 18 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1062

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 6 days  
In this community 29 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 701 Benton  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Marie Ebersold  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 5th  
year 1944 hour 5 minute 50 A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Charles Ebersold  
6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased: January 28 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 28 1944 to March 5 1944  
that I last saw her alive on March 5 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia-Carcinoma of bladder  
Duration

8. AGE: Years 75 Months 1 Days 7  
If less than one day hr. min.

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

9. Birthplace Switzerland  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

PHYSICIAN  
Major findings: Of operations 50%  
Of autopsy None  
Underline the cause to which death should be charged statistically.

11. Industry or business .....  
12. Name Jacob Eberhardt  
13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Vaterlaus  
15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

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? .....

16. (a) Informant Mrs. C.E. Nolte  
(b) Address 701 Penton Blvd.  
17. (a) Burial (b) Date thereof 3-8-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Edenwood

While at work (Specify type of place) (c) Means of injury  
23. Signature W. E. [Signature] Med. Dir. M. D.  
Address 2211 Coy Date signed .....

18. (a) Signature of funeral director Mrs. C.L. Forster  
(b) Address Kansas City, Mo.  
19. (a) 3-7-44 (b) W. E. Brown  
(Data received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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.....

*C. H. Wise*

Licensed Embalmer No. *2570*

P. O. Address. *K. C. 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.**