

No. 2
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10432
Registrar's No. 266

FILED APR 10 1944

Registration District No. 1000 Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2434 South 6th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 6 weeks
years, months or days

3. (a) PRINT FULL NAME Allie Ebling

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife William A

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October 21, 1882
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>61</u> | <u>3</u> | <u>19</u> | hr. _____ min. |

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

10. Usual occupation housewife

11. Industry or business home

MOTHER FATHER

12. Name Thomas Gabbert

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

14. Maiden name Getty Bilderback

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

16. (a) Informant Mrs. Marcella Tindle

(b) Address Halls, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-44
(Month) (Day) (Year)

(c) Place: burial or cremation Armstrong Cem, Rushville, Mo.

18. (a) Signature of funeral director Barry Funeral Home

(b) Address 224 South 10th St, St. Joseph, Mo.

19. (a) 3-12-44 (Date received local registrar)

(b) Rose Heagy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ruchanan

(c) City or town St Halls, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2434
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1944 hour _____ minute 0 M.

21. I hereby certify that I attended the deceased from Aug 1943 to March 9, 1944
that I last saw her alive on March 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to influenza

Due to chronic myocarditis

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____

Of autopsy ✓

Duration _____

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? le, Mo.

(Specify type of place) _____

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

23. Signature Colin P. ... (M.D. or other)
Address St Joseph, Mo. Date signed March 10-44

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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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Mollie E. Sidenfaden Fox

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.