S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36872

Registration District No. 59 Primary Registration District No. 4094 Registrar's No.

1. PLACE OF DEATH:

(a) County Cass C. L. Morrow Home

(b) City or town Garden City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 40 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19

(c) City or town Garden City - Mo (If outside city or town limits, write "RURAL")

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

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

If yes, name country —

3. (a) PRINT FULL NAME Calistus S Ebersol

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife dead

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

7. Birth date of deceased Nov (Month) 20 (Day) 1854 (Year)

8. AGE: Years 90 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Ill Ottawa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Amos Ebersol
13. Birthplace Coleta Penn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Calista Whittlery
15. Birthplace Conn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs C. L. Morrow

(b) Address Garden City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-45 (Month) (Day) (Year)

(c) Place: burial or cremation G. C. Cemetary

18. (c) Signature of funeral director A. M. Kaufman

(b) Address Garden City

19. (a) 12-3-45 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day Nov year 1945 hour minute M.

21. I hereby certify that I attended the deceased from Nov 19 1945, to Nov 19 1945, that I last saw him alive on Nov 19 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	
Due to Chronic Nephritis	
Due to Prostatic Hypertrophy	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131

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 2

23. Signature R. Hincmann (M. D. or other) DO

Address Garden City Mo Date signed 11/21/45

1483 (Licensed Embalmer's Statement on Reverse Side)

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 J. M. Kaufman

Licensed Embalmer No. 1030

P. O. Address Kansas 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.