

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36657

BIRTH NO. _____		REG. DIST. NO. 23		PRIMARY REG. DIST. NO. 5291		Registrar's No. 86			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Township</u>				c. LENGTH OF STAY (In this place) <u>3 months</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay County Home 5</u>				e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Platte Township</u>					
3. NAME OF DECEASED (Type or Print) <u>MAJOR</u>				b. (Middle) <u>no middle initial</u>		c. (Last) <u>EBERTS</u>			
4. DATE OF DEATH <u>Nov 9, 1949</u>				5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>				8. DATE OF BIRTH <u>April 16, 1889</u>		9. AGE (In years last birthday) <u>60</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>		11. BIRTHPLACE (State or foreign country) <u>Clay County Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Jacob Eberts</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Crow</u>			
14. NAME OF HUSBAND OR WIFE <u>Katherine Clark</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>HARRY L. EBERTS</u>				18. ADDRESS <u>North Kansas City, Mo</u>		19. MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>Chylous ascites, some obstruction to venous return</u>				156A	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>right leg. (cyanosis)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>July</u> , 1949, to <u>Nov 9</u> , 1949, that I last saw the deceased alive on <u>Nov 8</u> , 1949 and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. H. Goodson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Liberty Mo</u>				23c. DATE SIGNED <u>Nov 10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARADISE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Smithville, Mo. R.F.D.</u>			
DATE REC'D BY LOCAL REG <u>Nov - 10, 1949</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McComa Funeral Home</u> ADDRESS <u>Smithville, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 28

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-1-49

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 HP

working under my personal supervision. HP

Student Embalmer No. HP

Signed HP  
Student Embalmer

Signed Duby Rogers

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.