

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37276**
Registrar's No. **414**

FILED DEC 6 1947
Registration District No. **3008**

Primary Registration District No. **3008**

1. PLACE OF DEATH:
(a) County **Calloway**
(b) City or town **Fulton**
(c) Name of hospital or institution: **State Hospital**
(d) Length of stay: In hospital or institution **6 months**
In this community **same**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Montgomery**
(c) City or town **Chefferson**
(d) Street No. **12**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **ANNA EBERHARDT**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month **Nov** day **27**
year **1947** hour **4** minute **9** a. M.

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **S D**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **86**
7. Birth date of deceased **Nov 17 1864**

21. I hereby certify that I attended the deceased from **Nov 26** 19**47** to **Nov 27** 19**47** that I last saw her alive on **Nov 26** 19**47** and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **11** Days **16** If less than one day hr. min.

Immediate cause of death **Cerebral Hemorrhage**

9. Birthplace **Mo U**

Due to _____

10. Usual occupation **Housewife**

Due to _____

11. Industry or business _____
12. Name **DK**
13. Birthplace **DK**
14. Maiden name **9**
15. Birthplace **9**

Other conditions **Sen artus Schuses**

Major findings: Of operations **83**
Of autopsy _____

16. (a) Informant **Hospit Records State Hospit Fulton**
(b) Address _____
17. (a) **Burial** (b) Date thereof **11-30-47**
(c) Place: burial or cremation **Emmigrant Cemetery**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Hugh S. Williams**
(b) Address **Chefferson**
19. (a) **11-28-1947** (b) **Josia Morantoff**

23. Signature **R. Price**
Address **Fulton Mo** Date signed **11-28-47**

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

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Date Filed 12-3-47

District File Number

District Health Officer No. 9,

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the _____ side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3537

P. O. Address California, 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.