

FILED JUL 9 1947

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County Moniteau Co

(b) City or town California, MO Walker  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

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

(d) Street No. Gen Del (If rural, give location)

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

3. (a) PRINT FULL NAME Daniel Eberhardt

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 13 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>27</u>	hr. <u>0</u> min. <u>0</u>

9. Birthplace Moniteau Co  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Benideck Eberhardt

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

14. Maiden name Catherine Dauhl  
(City, town, or county) (State or foreign country)

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

16. (a) Informant William Eberhardt

(b) Address California, Mo

17. (a) Burial (b) Date thereof June 10, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cent

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

(b) Address California, Mo

19. (a) 6-11-47 (b) H.R. Rospoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1947 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from January 14  
1947, to July 9 1947  
that I last saw h.i.m. alive on June 8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9/3/47

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury D

23. Signature Kenyon Latham MD (M. D. or other)  
Address California, Mo Date signed 6-10-47

Duration 2 years

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

REC-2-44  
District Health Officer (No. 9)  
District File Number  
Date Filed 7/18/42

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Earl R. Boulton  
Licensed Embalmer No. 2126  
P. O. Address Calisoma, Pa.

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.