

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

35528  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 85  
 (b) Township 1 Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. 8th. Mitchell St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 1046

**2. PRINT FULL NAME** ARDEY GABBERT

(a) Residence, No. 2617 Sacramento St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Franka Gabbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22nd. 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 9 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New Market Mo. 0  
 (STATE OR COUNTRY)

FATHER 13. NAME Thomas Gabbert

14. BIRTHPLACE (CITY OR TOWN) Clay County, Mo. 1  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Crabb

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Franka Gabbert  
 (ADDRESS) 2617 Sacramento St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge Cemetery, Oct. 17th, 1939  
NEAR WESTON, MO.

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.  
 (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED Oct 16 39 St. Joseph 22 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14th 1939

22. I HEREBY CERTIFY, That I viewed deceased from Oct. 14th 1939, to 19, 1939

I last saw him alive on 10/14/39, 1939. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:  
Injuries received when struck Date of onset

by an Auto as a pedestrian

Other contributory causes of importance: none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury 10/14, 1939

Where did injury occur? St. Joseph, Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Struck by Auto

Nature of injury Fractured skull, Internal

injuries

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) R. W. Tadlock Coroner, M. D.

(Address) King Hill Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-4-19-38 I X16603

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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.....

*C. G. Swan*

Licensed Embalmer No.....

P. O. Address.....

*4685  
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, above space should be left blank.**