

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29342

Registration District No. 668

Primary Registration District No. 8898

Registrar's No. 267

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Beaman Route 1
(c) Name of hospital or institution Beaman Route 1
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

8. (a) PRINT FULL NAME

Mark Kabler 146

3. (b) If veteran, name war.

8. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Ruby Kabler

6. (c) Age of husband or wife If alive 81 years

7. Birth date of deceased April 16, 1856
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

84

4

6

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Wallis Kabler

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Margie Gett

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

L. G. Dillard

(b) Address

Sealake

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 8/23/40
(Month) (Day) (Year)

(c) Place: burial or cremation

Union Cemetery

18. (a) Signature of funeral director

McLaughlin Bros

(b) Address

Sealake Mo

19. (a) 8/23/40
(Date received from registrar)

(b) Wm. Harry Sneed
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Beaman Route 1
(If outside city or town limits, write "RURAL")
(d) Street No. Seamond Trpk.
(If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1940 hour 900 minute M.

21. I hereby certify that I attended the deceased from July 23, 1940 to Aug 21, 1940
that I last saw him alive on Aug 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial infarction

Duration

8 months

Due to

Hypertrophy

Due to

Atherosclerosis

3 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature John M. Smith (M. D. or other)

Address Seamond Trpk. Date signed 8/23/40

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 9-11-40

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 _____

Robert H. Reed

Licensed Embalmer No. _____

3745

P. O. Address _____

Sedalia 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.