No. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14961

Registration District No. 449 — MAY 10 1941

Primary Registration District No. 4267

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution: 520 HAYS AVE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE 53

(c) City or town LEBANON Mo 1
(If outside city or town limits, write "RURAL")

(d) Street No. 520 HAYS 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years. 0

3. (a) PRINT FULL NAME HILDA AGNES GABEL

3. (b) If veteran, name war ____

3. (c) Social Security No. no

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased JAN (Month) 13 (Day) 1941 (Year)

8. AGE: Years ____ Months 3 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace LEBANON (City, town, or county) O Mo (State or foreign country)

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name LOUIS GABEL
13. Birthplace MUNJOR (City, town, or county) 1 KANS (State or foreign country)

MOTHER
14. Maiden name JOSEPHINE WEILERT
15. Birthplace CATHERINE (City, town, or county) 1 KANS. (State or foreign country)

16. (a) Informant Louis Gabel
(b) Address Lebanon Mo.

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 4 (Month) — (Day) 1941 (Year)
(c) Place: burial or cremation CATHOLIC CEM

18. (a) Signature of funeral director Palmer's
(b) Address LEBANON Mo

19. (a) 4-16-41 (Date received local registrar) (b) J A McCourt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 15
year 1941 hour 1 minute A M.

21. I hereby certify that I attended the deceased from
April 15, 1941, to April 15, 1941
that I last saw her alive on April 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Convulsions since Born
as indestand
Due to undetermined Cause

Due to ✓ 86

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration: 3 months

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature ____ (M. D. or other) ____
Address ____ Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-41-831
Date Filed 5-9-41

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.