

FILED DEC 5 1941
Registration District No. 1028

Primary Registration District No. 3032

Registrar's No. 340

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
403 E 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 23 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 403 E 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amy Patterson Gabriel
(b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 21
year 1941 hour 7 minute 35 P. M.
21. I hereby certify that I attended the deceased from July
1938 to 11-21 1941;
that I last saw him alive on 11-21 1941;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elizabeth Gabriel 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Mar 12 - 1870
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
Due to Coronary sclerosis
Angina pectoris
Due to Parkinson's syndrome
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy GHA

8. AGE: Years 71 Months 8 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business _____
12. Name John Gabriel
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mineva
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs A. P. Gabriel

(b) Address Sedalia Mo
17. (a) Burial (b) Date thereof 11/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Hopewell, Morgan Co

18. (a) Signature of funeral director M. C. Laughlin Bros
(b) Address Sedalia Mo

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. M. Rodeman (M. D. or other) _____
Address Sedalia, Mo Date signed 11-26-41

19. (a) 11/29/41 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

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

RECEIVED

Sanitary Health Officer No. 8,

License File Number.....

Date Filed 12-4-41.....

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.....

Robert H. Reed

Licensed Embalmer No.....

3745

P. O. Address.....

St. Louis

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.