

DEC 18 1941

State File No. _____

Registration District No. _____

Primary Registration District No. 5928

Registrar's No. 25

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

1. PLACE OF DEATH:

(a) County PLATTE
(b) City or town LINCOLN, PLATTE COUNTY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 Years
years, months or days

3. (a) PRINT FULL NAME WILLIAM E. GABBERT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife DORA "McCONNELL" GABBERT 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased FEB. 11. 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 29 _____ hr. _____ min.

9. Birthplace RUSHVILLE, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER-- COUNTRY DEALER

11. Industry or business RETIRED 2 years

MOTHER FATHER { 12. Name Wm. A. GABBERT
13. Birthplace BLOOMINGTON INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name LEVINA JONES
15. Birthplace RUSHVILLE INDIAN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. DORA GABBERT

(b) Address PLATTE CITY, MO. R.F.D.

17. (a) Rural (b) Date thereof 11-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SOUTHVILLE, MO.

18. (a) Signature of funeral director Melvin E. Munn

(b) Address Southville, Mo.

19. (a) Nov 21, 1941 (b) Mrs. Francis E. Munn
(Date received local registrar) (Registrar's signature)

Ed J. ...
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Platte 83
(c) City or town PLATTE CITY Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1941 hour 11 PM minute _____ M.

21. I hereby certify that I attended the deceased from 11-9-41
to 11-9-41, 1941
that I last saw him alive on 11-9-41
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____
Of autopsy _____

Duration
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 _____ (Specify type of place) (e) Means of injury _____

23. Signature Melvin E. Munn (M. D. or other) MD
Address Jarvisville Date signed 11-27-41

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 _____

S. A. McComas

Licensed Embalmer No. 2303

P. O. Address Smithville, T

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.