S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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. 5336

Registration District No. 299 FILED MAR 9 1942

Primary Registration District No. 1002

Registrar's No. 675

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 4515 State Line 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 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 4515 State Line 8 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME ALVINA ELVIRA GABRIELSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife William Gabrielson

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

7. Birth date of deceased July (Month) 11 (Day) 1865 (Year)

8. AGE: Years 76 Months 7 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) 4 Sweden (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

FATHER
12. Name John Fredrickson
13. Birthplace Unknown (City, town, or county) 4 Sweden (State or foreign country)

MOTHER
14. Maiden name Marilee Abrahams
15. Birthplace Unknown (City, town, or county) 4 Sweden (State or foreign country)

16. (a) Informant Mrs. Anna Wiltse

(b) Address 4515 State Line

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill K.C.Mo.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd. K.C. Kansas

19. (a) 2/17/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16 year 1942 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb 1 1942 to Feb. 16 1942 that I last saw her alive on Feb. 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to x

Due to x 41

Other conditions Starvation due to emesis (Include pregnancy within 3 months of death)

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) No

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)

While at work? X (e) Means of injury X

23. Signature [signature] (M. D. or other)

Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Jimmy S. Huckshon

Licensed Embalmer No. 4092

P. O. Address K. C. Kansas

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.