No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15306

Registration District No. 1335 — Primary Registration District No. 5970 — Registrar's No. 95

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly RFD. Sugar Creek Twsp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) ~~City or~~ town ship of Sugar Creek (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.? 0 years.

3. (a) PRINT FULL NAME Oliver P. Cabel
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 Esy Cabel
6. (c) Age of husband or wife if alive 1870
7. Birth date of deceased December 18th 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	4	11	hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Miner (Coal)
11. Industry or business
12. Father Abraham Cabel
13. Birthplace Penn (City, town, or county) (State or foreign country)
14. Maiden name Kate Trussel
15. Birthplace Penn (City, town, or county) (State or foreign country)
16. (a) Informant Roy P. Cabel
(b) Address RFD Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1st 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Higbee, Mo.
18. (a) Signature of funeral director Graham and Son
(b) Address Moberly Mo
19. (a) 4-30-42 (Date received local registrar) (b) Irma Rave (Registrar's signature)

Corrected by affidavit 7/7/42 M. Wilson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1942 hour 4 minute 40 A.M.
21. I hereby certify that I attended the deceased from April 1, 1942, to April 29, 1942, that I last saw him alive on April 27, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
C.A. of Gallbladder	4 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy none

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 C. W. Dreyer (M. D. or other) M. D.
Address Huntsville Mo Date signed 4/30/42

1056 (Licensed Embalmer's Statement on Reverse Side)

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

JUL 3 - 1942

88 0 0

664 2/42 P

JUN 12 1947

RECEIVED
District Health Officer No. 10
District File Number 5-42-1168
Date Filed MAY 19 1942

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 Frank E DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Randolph }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of July, 1942, before me appears Roy P. Cabel, who, upon his oath, states that the original record of ~~birth~~ death for Oliver P. Cabel, died ~~born~~ Apr. 29, 1942, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read Birth Date Dec. 18th 1870
Instead of Dec 18 1869

Item No. 8 should read Age 71 — 4 — 11
Instead of 72 — 4 — 11

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Roy P. Cabel Son
Relationship.

Huntsville, Mo. RFD #3
Present Address.

Subscribed and sworn to before me this 1st day of July, 1942

My Commission expires May 12-1943. Anna R. Davies Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
25M-1-15-42
I X31340

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