S. No. 2
M—5-42
5-17-39
X32871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7280

FILED MAR 3 1943

Registration District No. 280 — Primary Registration District No. 4423 — Registrar's No. 5

3 1 0

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

1. PLACE OF DEATH:
(a) County: Platte
(b) City or town: Weston
(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: no
In this community: entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 83
(a) State: Missouri (b) County: Platte /
(c) City or town: Weston 0
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mahlon 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: Lillie White

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

7. Birth date of deceased: June (Month) 30 (Day) 1857 (Year)

8. AGE: Years 85 Months 7 Days 17 If less than one day hr. min.

9. Birthplace: Weston (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER
12. Name: Michal Gabbert
13. Birthplace: (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name: Samantha Cox
15. Birthplace: (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Alvin Gabbert
(b) Address: Weston, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb. 19/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge Cem.

18. (a) Signature of funeral director: W. R. Vaughn
(b) Address: Missouri, Weston

19. (a) 2-18-43 (Date received local registrar) (b) Mrs Clay Siffee (Registrar's signature)

1209

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1943 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from February 10, 1943 to February 17, 1943; that I last saw him alive on February 17, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia and chronic myocarditis. — Duration: 7 days

Due to: Cerebral thrombosis resulting in right sided paralysis. — 4yrs.

Due to:

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

Major findings:
Of operations: No operation
Of autopsy: No autopsy.

92d

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): XXXX
(b) Date of occurrence: XXXX
(c) Where did injury occur? XXXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXXX (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Lewis C. Cabery (M. D.)
Address: Weston Mo Date signed: 2/18/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte County

District File Number 3-43-20

Date Filed 3-1-43

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.