

**FILED MAR 18 1943**

Registration District No. **17/1343**

Primary Registration District No. **3016**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Chamois, Mo. R. D. No. 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th,  
year 1943 hour 5 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 1941  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on March \_\_\_\_\_ 1943  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death \_\_\_\_\_

Due to chronic myocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. V. McFadden (M. D. or other)  
Address Linn Mo. Date signed 3-4-43

3. (a) PRINT FULL NAME Johana Gabelberger

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Antone Gabelberger 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 29th, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Rich Fountain, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name John Dill

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Antone Gabelberger

(b) Address Chamois, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Frankensteine

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) 3-4-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

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

MOTHER FATHER

694

**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 Vernon Motta

Licensed Embalmer No. 4125

P. O. Address Lynn

**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.**