

S. No. 2
OM-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25740

State File No.

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

219

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether)
In this community 2 YEARS
years, months or days)

3. (a) PRINT FULL NAME ERNEST MARION KABLER

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced OS
6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive years
7. Birth date of deceased 5 11 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 1 23 hr. min.

9. Birthplace PETTIS Co. Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

12. Name WM E. KABLER

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name ROSIE M. FARRIS

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant WM E. KABLER

(b) Address Rte #1 SEDALIA Mo

17. (a) BURIAL (b) Date thereof 7-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 7/6/43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1203 S OSAGE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4th
year 1943 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from July 1-43
1943 to July 4-43, 1943
that I last saw her alive on July 4-43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

acute meningitis
following influenza

Due to.

Due to.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations.

Of autopsy.

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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) Means of injury

23. Signature W. E. Gillespie (M. D. or other)
Address Sedalia Mo Date signed July 6 1943

1022 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 8-6-43

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 _____

Licensed Embalmer No. 3868

P. O. Address San Antonio, Tex

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.