

No. 2
-2-43
17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3902

State File No. _____
Registrar's No. 30

Registration District No. 274

Primary Registration District No. 302

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: Bothwell Hospital
(d) Length of stay: In hospital or institution 4 1/2 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Pettis
(c) City or town Sedalia
(d) Street No. 1514 S Osage
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mollie Kabler
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, widowed
6. (b) Name of husband or wife John B Kabler 6. (c) Age of husband or wife if alive years 21
7. Birth date of deceased Nov. 21 1855

8. AGE: Years 88 Months 1 Days 29

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

10. Usual occupation at home

11. Industry or business at home

12. Name William P Miller

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

14. Maiden name Marian Krigler

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

16. (a) Informant W. M. Kabler (b) Address Sedalia MO.

17. (a) Burial (b) Date thereof Jan. 22 1944
(c) Place: burial or cremation Salem Cemetery
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.
19. (a) Jan. 22 1944 (b) Mrs. Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 20 year Jan hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan 16 1944 to Jan 20 1944
that I last saw her alive on Jan 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Due to Arteriosclerosis
Due to fracture of left femur at tibial neck
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: _____ (Specify type of place) _____ (e) Means of injury _____
Address: Sedalia Date signed: Jan 22 1944

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-4-44

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Jedalia 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 22

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:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mellie Kabler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 21 1904
(Month) (Day) (Year)

8. AGE: Years 88 Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 20 Year 1944 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to arterio sclerosis

Due to fractured left femur at surgical neck

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

Major findings:
Of operations 1869
Of autopsy 18

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 Jan. 20 1944

(c) Where did injury occur? Sedalia Pettis Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In house by fall

While at work? Yes (Specify type of place) _____ (c) Means of injury _____

23. Signature J. P. Shurely (M. D. or other) _____

Address Sedalia Mo Date signed 2/10-44

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

SUPPLEMENTAL

3902