Approved by W. S. McCarthy Health Officer 18280

V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18230

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 410 N. River Boulevard (If not in hospital or institution, write street number or location)

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

In this community 34 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 410 N. River Boulevard (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs Nelle Cave Gabriel

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 William S. Gabriel

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept (Month) 18 (Day) 1872 (Year)

8. AGE: Years 71 Months 7 Days — If less than one day ..... hr. — min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name G. P. Holland
13. Birthplace Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances E Rendall
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Wm S. Gabriel

(b) Address 410 N. River

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof April 18 44 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Forest Hill Cemetery

18. (a) Signature of funeral director Otto Mitchell

(b) Address 210 N. Main St. Independence Mo

19. (a) 4-18-1944 (Date received local registrar) (b) James W. Ross (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15 year 1944 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Apr 11, 1944 to Apr 15, 1944 that I last saw her alive on Apr 15, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	5 da
Due to arteriosclerosis	chronic
Due to	
Other conditions chronic arthritis (Include pregnancy within 3 months of death)	chronic

Major findings:
Of operations ✓
Of autopsy ✓

94a

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 J C Hickman (M. D. or other)

Address Independence Mo Date signed Apr 18

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1950

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.