

S. No. 2  
M-8-43  
5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19365  
State File No. ....  
Registrar's No. 94

FILED JUN 2 1944  
Registration District No. 1944

Primary Registration District No. 6225

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

1. PLACE OF DEATH:  
(a) County Vernon  
(b) City or town Butler, Washington Mo.  
(c) Name of hospital or institution: State Hosp # 3  
(d) Length of stay: In hospital or institution 1 month 25 days  
In this community Same years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Bates  
(c) City or town Butler  
(d) Street No. ....  
(e) Citizen of foreign country? U (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Earl Cronston Gabriel  
3. (b) If veteran, name war No  
3. (c) Social Security No. None  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Dr  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 24 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 15 year 1944 hour 9 minute 30 P.  
21. I hereby certify that I attended the deceased from March 20, 1944, to May 15, 1944  
that I last saw him alive on May 15, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
77 1 21 hr. min.

Immediate cause of death  
Chronic Deg Myocarditis  
Due to Gen. Arteriosclerosis  
Due to .....

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

Other conditions (include pregnancy within 3 months of death)  
938

10. Usual occupation Laborer  
11. Industry or business  
12. Name John Gabriel  
13. Birthplace Dr Dr  
(City, town, or county) (State or foreign country)  
14. Maiden name Mrs. Rowle  
15. Birthplace Dr Dr  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Major findings: Of operations  
Of autopsy

16. (a) Informant Bliss Beck  
(b) Address Nevada, Mo.

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?

17. (a) Burial (b) Date thereof 5-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Yersailles Mo

23. Signature John J. Croner (M. D. or other)  
Address Missouri Date signed 5/15/44  
While at work? (Specify type of place) (c) Means of injury

18. (a) Signature of funeral director Earl Cronston Gabriel  
(b) Address Butler Mo  
19. (a) 5-18-44 (b) Hazel B. Beureck  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 5-44-679

Date Filed 6-2-44

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.