No. 2
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17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20614

FILED JUN 29 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2480

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WEEK (Specify whether years, months or days)

In this community 44 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24

(c) City or town NORTH KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. OAKWOOD ADDITION 1
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME MR. FRED GABELMAN, Sr.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. BELLE GABELMAN

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JULY 24 (Month) (Day) 1867 (Year)

8. AGE: Years 76 | Months 10 | Days 17 | If less than one day ___ hr. ___ min.

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

10. Usual occupation ENGINEER

11. Industry or business K.C. PARK BOARD

FATHER
12. Name ALEXANDER GABELMAN
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARY R. HOSKINS
15. Birthplace (City, town, or county) IOWA (State or foreign country)

16. (a) Informant BYRON MINTONYE

(b) Address OAKWOOD ADDITION, NORTH K.C.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director W. W. Newcomer's Sons

(b) Address 1401 B Rush Creek Blvd.

19. (a) ~~T.E.~~ 6-12-44 (Date received local registrar) (b) T. E. Brown (VZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11 year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 3 - 1943 to June 11, 1944 that I last saw him alive on June 11, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	8 da
Due to Arteriosclerosis	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 W	

Major findings:
Of operations

Of autopsy Coronary sclerosis & occlusions - multiple

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 [signature] (M. D. or other)

Address 820 [illegible] Date signed 2/13/44

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(Licensed Embalmer's Statement on Reverse Side)

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 E. O. Forthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.