

FILED DEC 22 1944  
 Registration District No. **1002** Primary Registration District No. **1002** Registrar's No. **4877**

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kaw  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
none 6611-E 12th St., Terr.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)  
 In this community none (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6611 E 12th St., Terr.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country no

**3. (a) PRINT FULL NAME** Frederick Gabriel  
 3. (b) If veteran, name war no 3. (c) Social Security No. 487-05-6209  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Roseana Gabriel 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased 8 26 1872  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 12 day 3 year 1944 hour 3 minute 15 A. M.  
 21. I hereby certify that I attended the deceased from Nov 27th 1944 to Dec 3rd 1944  
 that I last saw him alive on Dec 3 1944 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>72</u>	<u>3</u>	<u>7</u>	hr. min.

Immediate cause of death Bronchial Pneumonia Duration  
associated with  
Chronic Nephritis (Chronic)  
 Due to \_\_\_\_\_

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Candy Maker

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

11. Industry or business Loose Wiles Mfg. Co.  
 12. Name Julius Gabriel  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Alice Winters  
 15. Birthplace No record  
(City, town, or county) (State or foreign country)

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

**MOTHER FATHER**  
 16. (a) Informant Roseana Gabriel (wife)  
 (b) Address 6611 E 12th St. Terr.  
 17. (a) Burial (b) Date thereof 12/6/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Marys Cemetery

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) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director John P. Sheil  
 (b) Address Kansas City, Mo.  
 19. (a) Dec 4 1944 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Arthur L. Pickwell (M. D. or other) 2 00  
 Address 5559 E 13th Date signed 12-4-44

361

Pickens  
5-95-9 E 13

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**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 P. Shier*

Licensed Embalmer No. *3625*

P. O. Address *Kennett City 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.