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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1376

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 14

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1905 E. 37 St. 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Willis Gabel

3. (b) If veteran, name war No.

3. (c) Social Security No. 442-18-7581

4. Sex M. 0

5. Color or race W

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

6. (b) Name of husband or wife Katherine A.

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 4 (Month) 13 (Day) 1891 (Year)

8. AGE: Years 54 Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation Furniture Refinisher

11. Industry or business Office Furniture

FATHER
12. Name William J Gabel
13. Birthplace Mellsburg (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Grace E. Nightingale
15. Birthplace Caldwell (City, town, or county) Kans (State or foreign country)

16. (a) Informant Katherine A Gabel
(b) Address 1905 E 37th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope K.C. Mo

18. (a) Signature of funeral director Cady Bros
(b) Address 1416 Minnesota

19. (a) 1-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2 year 1946 hour 1 minute 30 PM.

21. I hereby certify that I attended the deceased from Dec. 29, 1945 to Jan. 2, 1946 that I last saw him alive on Jan 2, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Toxic degeneration of kidneys	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: See above	

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 Clark W Seely M.D. (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 1-3-46

(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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kokomo

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.