

No. 2
M-5-43
5-17-39
I X36671

State File No. 14047
Registrar's No. 117

FILED MAY 16 1946

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH: Pettis

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 23 days
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 805 North Missouri
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No?)
If yes, name country _____

3. (a) PRINT FULL NAME Jess B. Kabler

3. (b) If veteran, name war none

3. (c) Social Security No. 491-07-7964

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Topsy Lindsey Kabler

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased November 5, 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace Pettis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer --retired

11. Industry or business agriculture

MOTHER FATHER { 12. Name Daniel Kabler

{ 13. Birthplace unknown, Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Laura Landon

{ 15. Birthplace Pettis County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Topsy Kabler (wife)

(b) Address 805 N. Missouri, Sedalia, Mo.

17. (a) Burial (b) Date thereof 4/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director W. E. Evemy

(b) Address Sedalia, Mo.

19. (a) 4/19/46 (b) Betty Yeager
(Date received local registrar) (Registral signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1946 hour 1:35 minute P.

21. I hereby certify that I attended the deceased from Apr 1-4
1946 to Apr 16 1946
that I last saw him alive on Apr 16-46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Ischemia

Due to Cardiac Ischemia

Due to _____

Other conditions A. Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy gsw

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?
While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. E. Mitchell (M. D. or other) _____
Address Sedalia, Mo.

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

12950

4/19/46 25)

(Licensed Embalmer) (Statement on Reverse Side)

Dr. Mitchell

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-14-46.....

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.....

Eugene Wood

Licensed Embalmer No. 3804.....

P. O. Address Delalia 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.

5/17/46