

FILED MAY 16 1946
Registration District No. **224**

Primary Registration District No. **3052**

Registrar's No. **129**

1. PLACE OF DEATH:

(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** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether)
In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **Joseph William Kabler**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Male** 0 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Laura Kabler**
6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **Jan. 19 1907**
(Month) (Day) (Year)

8. AGE: Years **39** Months **3** Days **5** If less than one day
hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Joseph H. Kabler**
13. Birthplace **Covington Ky**
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine Dillard**
15. Birthplace **Hughesville Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. W. Kabler**
(b) Address **Beaman, Mo.**

17. (a) **Burial** (b) Date thereof **4/25/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Cemetery**

18. (a) Signature of funeral director **Geo Dillard**
(b) Address **Sedalia**

19. (a) **4/25/46** (b) **Betty Yeager**
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis** **80**
(c) City or town **Beaman rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD # 1** **0**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24**
year **1946** hour **2** minute **36 A.M.**

21. I hereby certify that I attended the deceased from **4-23** 19**46** to **4-24** 19**46**
that I last saw him alive on **4-24** and that death occurred on the date and hour stated above.
Immediate cause of death **Shock** **Durston**

Due to **Internal Injuries (Ruptured Spleen)**
Due to **numerous contusions & abrasions about the body & extremities**
Other conditions **Due to automobile accident**
(include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

**ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED**

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) (e) Means of injury

23. Signature **Frank B. King** (M.D. or other) **M.D.**
Address **Sedalia** Date signed **4-28-46**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-14-46

MAY 16 1948

FEB 28 1950

MAY 23 1948

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

Licensed Embalmer No. 3868

P. O. Address Sedalia

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 1298

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH:

(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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Joseph W. Kabler
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex. 5. Color or race. 6. (a) Single, widowed, married, divorced.
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive.

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days (If less than one day hr. min.)

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Year 1946 hour 12 minute 24 M.

21. I hereby certify that I attended the deceased from to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above. Immediate cause of death Stroke

Due to

Due to

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

Major findings: Of operations

Of autopsy

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) Accident (Car)

(b) Date of occurrence 4-24-46

(c) Where did injury occur? Sedalia, Pettis Co. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 65 (mi. N. of Sedalia) (Specify type of place)

While at work? No (e) Means of injury Auto struck a truck

23. Signature Dr. R. R. R. R. (M. D. or other) M.D.

Address Sedalia, Mo. Date signed 5-17-46

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

12951

14048