S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26942

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 304

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural East Hiway # 60 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hiway # 60 East Poplar Bluff Twp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 6 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Rural R.F.D.# 3 Poplar Bluff Mo (If outside city or town limits, write "RURAL")

(d) Street No. East Hiway # 60 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Martin Gaebler

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 29th (Day) 1871 (Year)

8. AGE: Years 75 Months 11 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John G. Gaebler
13. Birthplace Perry County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Theresa Zwickelhuber
15. Birthplace Perry County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Herbert Gaebler

(b) Address R.F.D.# 3 Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-47 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. P.B. Mo.

18. (a) Signature of funeral director Frank-Cotrell Chapel

(b) Address Poplar Bluff, Missouri.

19. (a) 8/16/47 (Date received local registrar) (b) R. Mentlee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 year 1947 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Nephritis (abuminous) Duration 4 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

93 D

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 2

23. Signature Grover Grea Coroner

Address Poplar Bluff Mo Date signed 8/15-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 847-1126
Date Filed 8-25-47

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 Lou Clark

Licensed Embalmer No. 4216

P. O. Address Taylor Bluff, 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.