

No. 300
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FILED MAY 7 1948; 49
Registration District No. _____

Primary Registration District No. 1002

State File No. _____
Registrar's No. 1743

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

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:
St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____ years, months or days)

3: (a) PRINT FULL NAME (Dennis Edw. Gabel)
Dabyson Gabel

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MO 5. Color or race W

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

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

7. Birth date of deceased April 19 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

--- -- 1 hr. ___ min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name Edward T. Gabel

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

14. Maiden name Betty Jane Walker

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

16. (a) Informant Edward T. Gabel

(b) Address 1004 Quindaro Blvd., K.C. Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-48
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary, K. C. Kansas

18. (a) Signature of funeral director R.E. Nugent

(b) Address 919 State Ave., K. C. Kansas

19. (a) 4-21-48 (Date received local registrar) Deraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 1004 Quindaro Blvd. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1948 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____
Pathologist _____, 19____, at _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death foetal atelectasis

Due to Prematurity

Due to _____

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

Major findings: Of operations _____

Of autopsy normal

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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 R. C. D. Kuntz (M. D. or other) _____
Address St. Luke's Hospital Date signed 20 April 1948

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Robert Emmet Nugent*

Licensed Embalmer No. *3491*

P. O. Address. *914 State Ave., S. C. Tenn.*

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.