

Registration District No. 149

Primary Registration District No. 1002

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. Joseph's 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 5 Days
years, months or days)

3. (a) PRINT FULL NAME Johan Kabler
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife R.B. Kabler
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 19 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 27 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Geers
13. Birthplace Unkown Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Amonia Radcliffe
15. Birthplace Unkown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Kabler
(b) Address Overland Park Kansas

17. (a) Removal (b) Date thereof 8-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sheldon Missouri

18. (a) Signature of funeral director J. Royce Hoge
(b) Address Overland Park Kan.

19. (a) 8-16-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Sheldon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1948 hour 10 minute 40 A.M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Toxic Hepatitis
Due to Pemphigus Vulgaris
Due to _____

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

Major findings: Of operations 1258
Of autopsy Obese
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 Geraldine Holmes (M.F. or other)
Address Sheldon Missouri

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

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.....

J. Royce Hoyle

Licensed Embalmer No. *1692*

P. O. Address *Cleveland Park*

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.