

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37265

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4934

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 55 yrs		d. STREET ADDRESS (If rural, give location) 2716 Charlotte	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2716 Charlotte			

3. NAME OF DECEASED (Type or Print) JOSEPH	a. (First)	b. (Middle) S.	c. (Last) GABERT	4. DATE OF DEATH (Month) 11 (Day) 19 (Year) 49
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5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-8-1870	9. AGE (In years last birthday) 79 yrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Butcher	10b. KIND OF BUSINESS OR INDUSTRY Armour & Co.	11. BIRTHPLACE (State or foreign country) Tilsit, Lithuania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME No Record	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Anna Rose Gabert
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Eveline Gabert, 2716 Charlotte KC Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL ARTERIO SCLEROSIS.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DIABETES MELLITUS. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-3, 1941, to 11-19, 1949, that I last saw the deceased alive on 11-19, 1949, and that death occurred at 5:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE W. A. Myers (Degree or title)	23b. ADDRESS 1115 Grand Ave. Kansas City, Mo. 64114	23c. DATE SIGNED 11/21/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-22-49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 11-21-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS K. C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

11-3925
11/28/29

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Eugene J. Kenna

Licensed Embalmer No. 4633

P. O. Address Kansas City, 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.