

FILED APR 16 1944

Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Rackson**
(b) City or town **Kansas City, Mo**
(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **4 hrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**
(c) City or town **Liberty, Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Road 11** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **USA**

3. (a) PRINT FULL NAME **JESS R. GABBERT**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color of hair **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Clara R. Gabbert** 6. (c) Age of husband or wife if alive **4** years

7. Birth date of deceased **July 26 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **7** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
12. Name **Wm. Gabbert**
13. Birthplace **Ind. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Leveria Jones**
15. Birthplace **Ky 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eldon C. Gabbert**

(b) Address **Liberty, Mo. Rt. 1**

17. (a) **Burial** (b) Date thereof **Apr. 5 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Funerary Liberty, Mo**

18. (a) Signature of funeral director **C. Church - Archer Co**

(b) Address **Liberty, Mo**

19. (a) **4-5-44** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **3** year **1944** hour **7** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **March 30 1944** to **Apr 3 1944**
that I last saw him alive on **Apr 3 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis**
Duration **Indef.**

Due to

Due to

Other conditions **Terminal Pneumonia**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autopsy **Same 5/8**
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 **Glenn W. Henderson** (M. D. or other) **MD**
Address **Liberty, Mo** Date signed **4/3/44**

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.....

Edgar Archer

Licensed Embalmer No.....

3311

P. O. Address.....

Liberty 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.