

FILED MAY 20 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2018

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: Krestwood Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 2 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 108 East 69th Street
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME FRANK P. GABERT

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Dec. 25, 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name George Gabert

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. R. G. Waring
(b) Address 108 East 69th Street

17. (a) Removal (b) Date thereof 5-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Los Angeles, Calif.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 5-6-47 (b) Beraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1947 hour 8 minutes 25 P. M.

21. I hereby certify that I attended the deceased from April 22 1947 to May 5 1947; that I last saw him alive on May 5 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Metastases from Carcinoma of Prostate

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 57

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature William F. Linder (M. D. or other) _____
Address 820 Professional Bldg Date signed 5/6/47

Duration over 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

H. Wm. ...

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... *Emmanuel C. Pedelin*

Licensed Embalmer No. *3495*

P. O. Address... *H. C. 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.