No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38146

FILED DEC 15 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5038

WRITE PLAINLY—USING 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. MARYS HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 2 WEEK (Specify whether
In this community 2 WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PIKE 82
(c) City or town CLARKSVILLE 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. WILLIAM H. GABBERT
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or~~ wife MRS. ANNA GABBERT
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased JULY (Month) 1 (Day) 1867 (Year)

8. AGE: Years 80 Months 4 Days 29 If less than one day hr. min.

9. Birthplace DEARBORN (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRED - 15 YEARS - PRESIDENT
11. Industry or business DEARBORN STATE BANK
FATHER
12. Name BENTON GABBERT
13. Birthplace (City, town, or county) INDIANA (State or foreign country)
MOTHER
14. Maiden name ANNA BONE
15. Birthplace GOWER (City, town, or county) MISSOURI (State or foreign country) 0
16. (a) Informant MR. GEORGE H. GABBERT
(b) Address 3508 PENNSYLVANIA AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 2 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ DEARBORN, MISSOURI
18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD
19. (a) 12-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 30TH year 1947 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from Pathologist to 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Due to Carcinoma of Bladder
Due to
Other conditions
(Include pregnancy within 3 months of death)
52
Major findings:
Of operations
Of autopsy See Above

Duration

PHYSICIAN
Underline the cause of 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 0

23. Signature A. E. Upsher (M. D. or other) M.D.
Address 2800 Main Date signed 12/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.