

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

Jackson

(a) County  
(b) City or town. Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community About 18 years  
(Specify whether 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. 1204 Independence Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Essie Gobel

3. (b) If veteran, name war no

3. (c) Social Security No. 493-12-7620

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, divorced, married

6. (b) Name of husband or wife Edward Gobel 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased September 14 1882  
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 10 If less than one day hr. min.

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

10. Usual occupation cook

11. Industry or business

MOTHER FATHER { 12. Name Samuel Anderson  
13. Birthplace New Orleans La.  
(City, town, or county) (State or foreign country)  
14. Maiden name Harriett Norwood  
15. Birthplace Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 3/2/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Stuhling Miller

(b) Address 1212 Vine St., K.C., Mo.

19. (a) 3-2-46 (b) Eraddine Holme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24,  
year 1946 hour 10: minute 55 A.M.

21. I hereby certify that I attended the deceased from February 23, 1946 to February 24, 1946.  
that I last saw her alive on February 24, 1946.  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Accident

Due to Hypertensive Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 d

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?

While at work? (Specify type of place) (a) Means of injury ✓

23. Signature Eraddine Holme (M. D. or other)  
Address General Hospital #2 Date signed 2/25/46

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

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**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

*E. Sterling Puller*

Licensed Embalmer No. *3178*

P. O. Address *1212 Pine St. K.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.**