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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41225

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4618

WRITE PLAINLY—USE 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: 2709 Wendzel 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 32 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town 2709 Wendzel
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary H. Gobbart
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Femal
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Elias B. Gabbot
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 22 (Day) 1872 (Year)

8. AGE: Years 68 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation at home 7
11. Industry or business 6
MOTHER FATHER
12. Name Cornelius Miller
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name Louise Elshorst
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Michael Gabbert
(b) Address 2709 Wendzel
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 5-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Quincy Ill
18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn
19. (a) 12-4-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1940 hour 4 minute 52 a M.
21. I hereby certify that I attended the deceased from
, 19 , to Dec 4 , 1940
that I last saw her alive on Dec 3 , 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocardial degeneration - failure
Arteriosclerosis generalized
Duration Ch. Industrial Nephritis

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy none

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

23. Signature D. D. Edmonds (M. D. ~~or other~~)
Address 4700 E. 11th St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

4800 E. 24

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed T. H. Wise

Licensed Embalmer No. 2570

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.