

APR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12041
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 740
(b) Township Crossed River Primary Registration District No. 4442
(c) City Hardin (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emma Elizabeth Gordon
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 9 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonburg Virginia

FATHER 13. NAME Jacob Wayne Roadcap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonburg Virginia

MOTHER 15. MAIDEN NAME Mary Jane Sprinkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shenandoah Virginia

17. INFORMANT (ADDRESS) H. O. Bransletter Rayville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden DATE Mar 8 1939

19. FUNERAL DIRECTOR (ADDRESS) John W. Knipschell Hardin, Mo

20. FILED Mar 9 1939 B. R. Willyford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1939

22. I HEREBY CERTIFY, That attended deceased from Jan 1, 1939, to Mar 7, 1939
I last saw him alive on Mar 7, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis (a)
Apoplexy (b)

Date of onset
2 yrs
1 hr

Other contributory causes of importance: § 2nd

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Marion Griffin, M. D.

(Address) Hardin, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, John W. Kuipschick, Licensed Embalmer No. 2789
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John W. Kuipschick
Licensed Embalmer No. 2789

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.)