

REC'D SEP 6 1939

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

28127
Do not use this space.

Registered No. 3129

1. PLACE OF DEATH

(a) County Jackson, ² Registration District No. 399
(b) Township Kaw, Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 2120 Linwood, 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 ¹⁶³⁵ Donald David Gordon,

(a) Residence, No. 2120 Linwood, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1890,

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 0 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coffee Broker,

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Kansas City, Missouri, o

13. NAME Gideon Gordon, o

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, f

15. MAIDEN NAME Jane Kiefles,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) Rita Gordon, 2120 Linwood, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill, DATE Aug 9-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure, 3235 Gillham Plaza, K. C., Mo.

20. FILED 877 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 19 39

22. I HEREBY CERTIFY, That I attended deceased from March 21st 1939 to Aug 7th 1939

I last saw him alive on Aug 6th 1939. Death is said to have occurred on the date stated above, at 4:00a.m.

The principal cause of death and related causes of importance were as follows:

Malignant Hypertension Date of onset 3/14/39

Other contributory causes of importance: Essential Hypertension 1935

Chronic Glomerular Nephritis

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?.....
If so, specify.....
(Signed) Paul U. O'Connell, M. D.
(Address) 1402 Bryant Bldg.

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.

Dr. Paul V. O'Rourke,

Bryant Bid

70 MAR 2 1945

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. M. Plank

Licensed Embalmer No. 1848

P. O. Address Kansas City

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, above space should be left blank.