

Registration District No. 827Primary Registration District No. 4553

Registrar's No. \_\_\_\_\_

FILED MAR 24 1940

## 1. PLACE OF DEATH:

(a) County Scott  
 (b) City or town Sikeston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
Life  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Della Louise Gordon

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife James D. Gordon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct 7 1895  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>3</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Princeton Ky. (City, town, or county) (State or foreign country)10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

12. Name Unknown  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Ellen Barton  
 15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Spencer Carter  
(b) Address 631 Sikes St. Sikeston, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19-40 (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park, Sikeston, Mo.18. (a) Signature of funeral director Hunter Whitton  
(b) Address Sikeston Mo.19. (a) 3-8-1940 (Date received local registrar) (b) [Signature] (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
 (c) City or town Sikeston,  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 631 Sikes, St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17  
year 1940 hour 5:45 Am. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Sept 1939 to Jan. 1940  
that I last saw her alive on Jan. 17 and that death occurred on the day and hour stated above.Immediate cause of death Carcinoma of uterus + lymph glands Duration \_\_\_\_\_  
Due to \_\_\_\_\_Due to metastatic carcinoma of the left pelvic bowl  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
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? Mo.

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Sikeston, Mo. Date 3-8-40

RECEIVED

District Health Officer No. 2,

District File Number 340 - 746

Date Filed 3/11/40

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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

*Hunter Albritton*

Licensed Embalmer No.

2940

P. O. Address

Sixston 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, above space should be left blank.