

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:  
K. C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether  
In this community 20 years  
years, months or days)

3. (a) PRINT FULL NAME Frank Gordon

8. (b) If veteran, name war No record

3. (c) Social Security No. No

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 15th 1884  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Isaac Gordon  
13. Birthplace No record Penn  
(City, town, or county) (State or foreign country)

14. Maiden name No record  
15. Birthplace " "  
(City, town, or county) (State or foreign country)

16. (a) Informant Record clerk  
(b) Address K. C. Gen. Hosp. K. C. Mo.

17. (a) Removal (b) Date thereof 7 25 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kirkville, Missouri

18. (a) Signature of funeral director Weilert Funeral Home  
(b) Address 2332 Monitor Plaza, K. C. Mo.

19. (a) July 25, 1940 (b) M. M. Ercole  
(Date received local registrar) (Registrar's signature)

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. 419 West 10th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th  
year 1940 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from  
June 26th, 1940, to July 5th 1940, 1940;  
that I last saw him alive on July 5th, 1940, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Prostate obstructing-probably carcinoma  
Heart disease arterioaerotic

Due to 51  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
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)  
(e) Means of injury 1  
23. Signature Walter R. Howard (M. D. or other)  
Address Supt. K. C. Gen. Hospital, K. C. Mo. Date signed \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

UNRECORDED COPY - 1/17/75  
SIGHT COPY - 1/17/75

**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 Blaine E. Weiland

Licensed Embalmer No. 4075

P. O. Address 2332 Montan Blvd

**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.**