

Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **179**

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location) 10  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Eugene, Mo. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Helen Lucile Gordon **125**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 7222

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Jan; 19th, 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 6 0 hr. min.

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

10. Usual occupation House Wife

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

12. Name Fred Templeton

13. Birthplace Russellville, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Christena Hicks

15. Birthplace Etterville, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Templeton

(b) Address Eugene, Mo.

17. (a) Burial (b) Date thereof July, 21st, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Barmel Cem.

18. (a) Signature of funeral director G.N. Steffens

(b) Address Russellville, Mo.

19. (a) 7/20/40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1940 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from July 12 1940 to July 19 1940

that I last saw her alive on July 19 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Double embolism

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

Due to Child birth toxemia

Other conditions (Include pregnancy within 3 months of death) 146

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 1200

Address Jeff. City, Mo. Date signed 7/20/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

---

---

**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 *Am Steffen*  
Licensed Embalmer No *2307*  
P.O. Address *Russellville, 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.**