S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41831

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 1271

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One week (Specify whether

In this community Ten years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 519½ Messanie (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Harry Gordon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 22 (Day) 1864 (Year)

8. AGE: Years 75 | Months 11 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Keytesville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Cook 9

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country) 1

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Mrs. Rosanna Day

(b) Address 10th and Olive Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5 (Month) (Day) 1940 (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Mrs. E. R. Sidenfaden F. Home

(b) Address 602 South 10th Street

19. (a) 12-5-1940 (Date received local registrar) (b) W. J. Nestlebush (Registrar's signature) L.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1940 hour 12:45 minute P M.

21. I hereby certify that I attended the deceased from Nov 30, 1940, to 12-4-, 1940; that I last saw him alive on 12-4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Exsanguination	
Exsanguination	
Due to Hemorrhage from gastric ulcer	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Asthma, bronchial	
Of operations Low grade bronchial pneumonia	
Of autopsy See above	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Avery W. W. Craig (M. D. or other) MD

Address Kirkpatrick Bldg Date signed 1/5/40

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

Dr. Howlen

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

Mollie E. Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed R. V. West

Licensed Embalmer No. 3876

P. O. Address St. Joseph 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.