

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.

JAN 20 1941

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Linnestown
 (b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linnestown
 (c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
 (d) Street No. 211 Webster
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
 year 1940 hour 1 minute 25 P.M.
 21. I hereby certify that I attended the deceased from Nov 15
1940 to Dec 25 1940
 that I last saw him alive on Dec 25 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Disease
Hodgkin's
 Duration 18 mo

Due to 1
 Due to 72-12

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
 Of operations None
 Of autopsy None

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?
942
(Specify type of place) (e) Means of injury

23. Signature G.W. Carpenter (M. D. or other)
 Address Chillicothe Mo Date signed 12/24/40

3. (a) PRINT FULL NAME Scottie L. Gordon

8. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive ✓ years
 7. Birth date of deceased May 13 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 14 ✓ hr. ✓ min.

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

10. Usual occupation At home

11. Industry or business ✓

MOTHER FATHER
 12. Name James M. Gordon
 13. Birthplace Linnestown Co. Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Sidney Cleveland Gordon
 15. Birthplace Linnestown Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Columb C. Gordon
 (b) Address Chillicothe Mo.

17. (a) Burial (b) Date thereof Dec 27 '40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director James D. Gordon
 (b) Address Chillicothe Mo.

19. (a) 12-16-40 (b) W. M. Bruce, M.D.
(Date received local registrar) (Registrar's signature)

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..... *Donald F. Gordon*

Licensed Embalmer No. *4191*

P. O. Address... *Chillicothe, 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.