14

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

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.

Rev. 5-17-39 1 X19511

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44251

Registration District No. 900 — FEB JAN 22 1940

Primary Registration District No. 6217

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Wright

(b) ~~City or~~ town Rural - Hart Young (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Farm (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community Life 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright

(c) City or town Hartville Rural (If outside city or town limits, write "RURAL")

(d) Street No. 2 miles East (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Elisha Andrew Gordon

3. (b) If veteran, name war .....

3. (c) Social Security 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 January (Month) 8 (Day) 1877 (Year)

8. AGE: Years 63 Months 11 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Wright County (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation unemployed 0

11. Industry or business 0

FATHER
12. Name Andrew Jackson Gordon
13. Birthplace ..... (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Catherine Young
15. Birthplace Wright County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Sarah Young

(b) Address Hartville Mo. 0

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-40 (Month) (Day) (Year)

(c) Place: burial or cremation Coon Creek

18. (a) Signature of funeral director Gene E Holden

(b) Address Hartville Mo

19. (a) 12-31-40 (Date received local registrar) (b) Ella Claxton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1940 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 1, 1940 to Dec 12, 1940 that I last saw him alive on Nov 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Interstitial nephritis	90 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy no

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? 0 40 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. R. Mott (M. D. ~~Other~~) Dec 18 40

Address Hartville Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 141-86
Date Filed MAY 10 1941

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartville, 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.