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

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4031

Registration District No. 744 Primary Registration District No. 5976B Registrar's No. 15

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Henrietta
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ray 89
(c) City or town Henrietta
(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.

3. (a) PRINT FULL NAME Georgia Gordon
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stanton Gordon
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Oct. (Month) 21st (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	3	3	hr. min.

9. Birthplace Windsor (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House-Wife
11. Industry or business
FATHER
12. Name Robert Cooper
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Harriett Whitley
15. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)
16. (a) Informant Stanton Gordon
(b) Address Henrietta Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany. 26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunny Slope Cem
18. (a) Signature of funeral director A. W. Maurer
(b) Address Richmond Mo.
19. (a) Feb 5-1941 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany. day 24th year 1941 hour 8 minute 55 P.M.
21. I hereby certify that I attended the deceased from August 1924, 19__, to 1/24th 1941, 19__; that I last saw her alive on 1/24th 1941, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Endo-Carditis and Defused Annosarka
Due to Influenza
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? 9 65 (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address Henrietta Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-13-41

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 A. W. Maussu

Licensed Embalmer No. 4157

P. O. Address Richmond Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.