No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17197

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1859

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

1. PLACE OF DEATH:
(a) County Missouri —Jackson Co.
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 12 days (Specify whether
In this community 6 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2621 E. 31st St. 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HOWARD GORDON

3. (b) If veteran, name war No

3. (c) Social Security No. 496-05-3002

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 Nov. 27, 1919
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
21	5	13	hr. min.

9. Birthplace Cape Giradeau, Mo. ( )
(City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business Butcher

FATHER
12. Name W. L. Gordon
13. Birthplace Arkansas /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dalla Angel
15. Birthplace Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Della Gordon
(b) Address 2621 East 31st

17. (a) Burial (b) Date thereof May 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director Mellody-McGilley
(b) Address KansasCity, Mo.

19. (a) May 12 1941 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1941 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3-28-41, 19__, to 5-10-41, 19__;
that I last saw him alive on 5-10-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subacute bacterial Endocarditis	
Due to 9/a	
Due to 9/a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Emery R. Thorn (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 267

working under my personal supervision.

Signed J. H. Ryan

Licensed Embalmer No. 2999

P. O. Address.....

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

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