

FILED NOV 27 1941

State File No.

Registration District No.

Primary Registration District No. 3007

Registrar's No. 434

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Poplar Bluff Auto Courts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Tourist (Specify whether
years, months or days)

3. (a) PRINT FULL NAME William Gordon

3. (b) If veteran, name war _____ 3. (c) Social Security No. 100-14-6799

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) Removal (b) Date thereof 11-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New York

18. (a) Signature of funeral director Greer - Croy

(b) Address _____

19. (a) 11-13-41 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County SES
(c) City or town Bronx
(If outside city or town limits, write "RURAL")
(d) Street No. 871 E. 178th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coroners Verdict:
We the jury find that William
Gordon came to his death from
gas fumes and lack of oxygen
in the room he was in.
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy none necessary

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Nov. 11, 1941
(c) Where did injury occur? Poplar Bluff Auto Courts
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Tourist Cabin

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

23. Signature Alfred M. Greer Coroner
(M. D. or other)
Address Poplar Bluff Mo Date signed 11-14-41

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

MOTHER FATHER

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 William M. Fitch
Licensed Embalmer No. 3859
P. O. Address Poplar Bluff, 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, fact should be so stated above.

UNDERTAKERS HERE HAVE BEEN UNABLE TO
GET HISTORY OR ANY INFORMATION ON THIS
MAN. HE DIED IN TOURIST CABIN IN THIS
CITY. IDENTIFICATION WAS MADE FROM
PAPERS IN HIS WALLET. SO FAR LETTERS
REQUESTING INFORMATION ON HIM HAVE BEEN
UNANSWERED.

BELLE KINNE, Registrar.

S-37913

Nov-11, 1941.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 434

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

1. PLACE OF DEATH: Bentley Co.
 (a) County Bentley Co.
 (b) City or town Paris, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ (Specify whether)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State New York (b) County Bronx
 (c) City or town New York
 (If outside city or town limits write "RURAL")
 (d) Street No. 871-E-178th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Grenville Gordon

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. 100-14-6799

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that he last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

Immediate cause of death _____

7. Birth date of deceased: Nov (Month) 10 (Day) 1904 (Year)

8. AGE:	Years	Months	Days	If less than one year
	<u>37</u>			_____ min.

Due to _____
Due to _____

9. Birthplace Starobin (City, town, or county) Russia (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Salesman

Major findings: Of operations _____

11. Industry or business Sales Promotion

Of autopsy _____

12. Name Karl Liebowitz

13. Birthplace Dubrova (City, town, or county) Russia (State or foreign country)

14. Maiden name Rebecca Mechanic

15. Birthplace Starobin (City, town, or county) Russia (State or foreign country)

16. (a) Informant Ben Liebowitz

(b) Address 871-E-178th St - New York N.Y.

17. (a) _____ (b) Date thereof 10-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at King David Cem

18. (a) Signature of funeral director Louis Hirsch & Sons, Inc
(b) Address 1018 Prospect Ave Bronx NY

19. (a) 11-27-41 (b) Belle Annen
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.