No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

26708

State File No.

Registration District No. 41 Primary Registration District No. 4054 Registrar's No.

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

11
0
0

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town Rushville Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 65 Years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan 11

(c) City or town Rushville 0 (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.? 0 years.

3. (a) PRINT FULL NAME Edward Morgan Gordon

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Mary Hester Daniels

6. (c) Age of husband or wife if alive Gordon years

7. Birth date of deceased Jan 30 (Month) 1874 (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 6 | 22 | hr. min. |

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

10. Usual occupation Retired U. S. Mail

11. Industry or business Carrier

FATHER
12. Name William L. Gordon
13. Birthplace Unknown Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary M Snider
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mr Henry Gordon

(b) Address Rushville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director Wm. Slaulon

(b) Address Atchison Kan.

19. (a) 8/22/42 (Date received local registrar) (b) Opal E Isaacson (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 21st year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I ~~attended~~ viewed the deceased from on Aug 21, 1942, to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | 1 day, |
| Due to Angina Pectoris | 1 mo. |
| Due to 9 & a | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings: Man died suddenly at his home while alone following frequent attacks

Of operations

Of autopsy No. of pains in his left chest and arms.

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 H F Mundy (M. D. or other) Coroner

Address 404 So 3d St Date signed 8/21/42

1227 (Licensed Embalmer's Statement on Reverse Side)

OCT 21 1948

OCT 16 1942

**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 Wm. S Canton Jr

Licensed Embalmer No. 3778

P. O. Address Atchison, Kan

**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.**