

29423

State File No. 3441
Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 2804 Bell St 1
(d) Length of stay: In hospital or institution 12 yrs
In this community 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2804 Bell St
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME SAMUEL GORDON
(b) If veteran, name war no
(c) Social Security No. 486-09-5699

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 15th
year 1942 hour 5: minute 30 A. M.

4. Sex Male
5. Color of race W
6. (a) Single, widowed, married divorced
(b) Name of husband or wife Francis Gordon
(c) Age of husband or wife if alive 70 years
7. Birth date of deceased Unknown

21. I hereby certify that I attended the deceased from Sept 14th 1942 to Sept 15, 1942
that I last saw him alive on Sept 15, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: Critical Regurgitation
Due to: Chronic Myocarditis

8. AGE: Years About 66
9. Birthplace Charleston W. Virginia

Duration
Due to: 92 1/2
Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation Janitor
11. Industry or business R.C. Gas Co.
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Francis Gordon
(b) Address 2804 Bell St
17. (a) Burial (b) Date thereof 9/19/42
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Nathan W. Thayer
(b) Address 2804 Bell St
19. (a) 9-19-42 (b) M. M. Crow

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
23. Signature Milton C. Lewis (M. D. or other)
Address Anselton Bldg Date signed 9/19/42

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

REV. 3-17-39
25-11951

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.

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 Nathan W. Hatcher

Licensed Embalmer No. 9700

P. O. Address 1520 N. 5th St.

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.