

FILED MAY 11 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 5006

1. PLACE OF DEATH

(a) County Adair  
(b) City or town Sublette mo Polk  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ✓  
In this community 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Sublette mo  
(If outside city or town limits, write "RURAL")  
(d) Street ✓  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mallissa Gordon

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Lisa Gordon 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Oct 23, 1887  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 13 If less than one day hr. ✓ min.

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

10. Usual occupation House wife

11. Industry or business Domestic

12. Name John Britz

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

14. Maiden name Mary Wilkinson

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

16. (a) Informant Chad W. Barth

(b) Address Greenwood mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof April 7, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Et. Madison Cemetery

18. (a) Signature of funeral director Leair funeral home

(b) Address Riverside Mo

19. (a) 4/16/43 (b) Mrs. J. P. Wayman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 - 4 day year 43 hour 10:45 minute 9 P. M.

21. I hereby certify that I attended the deceased from 4-3 1943 to time of death 1943  
that I last saw her alive on 4-4 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death) Jza

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Chad W. Barth (M. D. or other) \_\_\_\_\_

Address Greenwood mo. Date signed 4/16/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 5-43-809

Date Filed MAY 10 1943

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 Keith Collins

Licensed Embalmer No. 3632

P. O. Address Kubrick 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.