

FILED APR 7 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1370

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2314 Campbell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community Over Eight Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2314 Campbell  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME

Otis Norbor Gordon

3. (b) If veteran, name war NO

3. (c) Social Security No. NO #

4. Sex Male 5. Color or face Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eleanor Gordon

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

7. Birth date of deceased June 2, 1901  
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 22  
If less than one day hr. min.

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

10. Usual occupation Dispatcher

11. Industry or business

12. Name Albert Gordon

13. Birthplace Donita-Knox Ray Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mamie Triplett

15. Birthplace Donita-Knox Ray Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Eleanor Gordon

(b) Address 2314 Campbell

17. (a) Burial (b) Date thereof Mar. 28 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. E. Brown

(b) Address 1905 N. 1st St.

19. (a) 3-28-44 (b) W. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1944 hour 5 minute 15 p.m.

21. I hereby certify that I attended the deceased from Mar 1  
1944 to Mar 24 1944  
that I last saw h.i.M. alive on Mar 24 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration 10 Days  
Due to Acute Cholecystitis 14 Days  
Due to sepsis 3 Days

Other conditions (Include pregnancy within 3 months of death)

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 W. E. Brown (M. D. or other) M.D.  
Address 3434 Union Date signed 3-27-44

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

MOTHER FATHER

JUN 27 1966

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**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.....

Licensed Embalmer No. *2710*

P. O. Address *N. C. 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.**