

FILED OCT 9 1944

Registration District No. 149

Primary Registration District No. 1002

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:
Gen. Hosp. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-19-44-20-44
(Specify whether years, months or days) 40 years

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. 814 Euclid 1st Fl.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

MARIE GORDON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chester Gordon 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased October 16, 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 20 hr. 4 min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER { 12. Name Roberts Edwards
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Annie
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof 9/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Mattens Bros
(b) Address 1729 Lydia Avenue

19. (a) 9-25-44 (b) J. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1944 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 19
1944 to Sept. 20, 1944;
that I last saw her alive on Sept. 20, 1944;
and that death occurred on the date and hour stated above.
Immediate cause of death Decompensation Duration

Due to Chronic Myocarditis

Due to Fibroid Uteria

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 932

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?
(Specify type of place)
While at work? () Means of injury
23. Signature J. C. Brown (M. D. or other)
Address Gen. Hosp. #2, 600 E. 22nd Date signed 9-22-44

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

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..... *J. J. Mulore*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2513 Highland*.....

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.