

FILED JAN 9 1945

Registration District No. _____

Primary Registration District No. **5562**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County Iron
 (b) City or town Wadena - Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: The Home for Aged Baptists
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
 In this community 13 days
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
 (c) City or town Holly Springs, Wadena Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary F. Gordon

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife David Warren Gordon 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased Unknown 1858
 (Month) (Day) (Year)

8. AGE: Years 86 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Polk County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Her home

MOTHER FATHER
 12. Name Henry Viles
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Jud. H. Bursey
 (b) Address Clinton, Mo.

17. (a) Reburial (b) Date thereof 12-16-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar Mo

18. (a) Signature of funeral director Norman White Jones
 (b) Address Clinton Mo.

19. (a) Jan 2, 1945 (b) Mrs. Francis E. Howard
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th
 year 1944 hour 3 minute 0 - A.M.

21. I hereby certify that I attended the deceased from Dec 3rd
 1944 to Dec. 16th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death acute Bronchial pneumonia
acute naso-pharyngitis
 Duration 12/12/44

Due to acute naso-pharyngitis
 Duration 12/3/44

Other conditions Senility
 (Include pregnancy within 3 months of death)

Major findings: 107
 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 R. E. Farland (M. D. or other)
 Address Clinton, Mo. Date signed 12/27/44

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

760

1361

RECEIVED

District Health Officer No. 4
District File Number 145-46
Date Filed 1-8-45

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 Arcey White

Licensed Embalmer No. 3412

P. O. Address Fronton, Miss.

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.