

S. No. 2  
M-2-43  
. 5-17-39  
X35697

**FILED FEB 2 1946**

Primary Registration District No. **6-2-2-2 45.2** Registrar's No. **67**

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

3415

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Moundville Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Moundville Mo. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 12 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon <sup>108</sup>

(c) City or town Moundville Mo <sup>0</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. \_\_\_\_\_ (If rural, give location) <sup>0</sup>

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OSCAR GORDON

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16  
year 1946 hour 6 minute 00 M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Clara Marie Stolz

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 1 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JANUARY 5 1946, 1946 to JAN 16 1946  
that I last saw him alive on JAN 14 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis <sup>Duration 3 yrs.</sup>

8. AGE: Years 62 Months 9 Days 15  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

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

Other conditions Gastric Ulcer <sup>3</sup>  
(Include pregnancy within 3 months of death)

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

10. Usual occupation farmer

11. Industry or business Same

Major findings: Of operations NO

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Alexander Gordon

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

14. Maiden name Rebecca Ashing

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

16. (a) Informant Mrs Oscar Gordon

(b) Address Moundville Mo.

17. (a) Burial (b) Date thereof Jan 18 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Avale Cemetery

18. (a) Signature of funeral director A. B. Beeny, Sons

(b) Address Shelton Mo.

19. (a) Jan 24 1946 (b) Ruth Faith  
(Date received local registrar) (Registrar's signature)

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 Wm. Miller <sup>705</sup>  
Address Merada Mo Date signed 1-18-46

FEB 27 1961

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 Carroll T. Berry  
Licensed Embalmer No. 2-385  
P. O. Address Sheldon 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.