

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9.9425**
1332
Registrar's No. _____

FILED APR 2 1946

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson Lutheran Hospital

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Trinity Lutheran Hospital 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3/5/46 to 3/19/46
(Specify whether)

In this community 14 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 999

(c) City or town Harris 14
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME John B. Gordon

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1946 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 17 1946
to March 19 1946
that I last saw him alive on March 17 1946
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary Ethell

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

7. Birth date of deceased October 29, 1863
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis 100%

Duration _____

8. AGE: Years Months Days If less than one day

82 4 20 hr. _____ min.

Due to _____

Due to Dr. Trinity Staff
Thurgood B. Harris

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

Major findings: Thurgood B. Harris

Of operations _____

Of autopsy 122a

9. Birthplace Brown County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Randolph Gordon

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

14. Maiden name unknown

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

16. (a) Informant Ray Gordon

(b) Address Harris, Kansas

17. (a) Removal (b) Date thereof 3-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garnett, Kansas

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? _____

18. (a) Signature of funeral director Walter B. Bernal

(b) Address W. C. Harris

19. (a) 3-19-46 (b) Thurgood B. Harris
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

(e) Means of injury _____

23. Signature B. B. Harris (M. D. or other) _____
Address Garnett, Kansas Date signed 3-19-46

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

8351

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 *Rosa Blom*

Licensed Embalmer No. 4015

P. O. Address 4121 State Line

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.