

S. No. 2  
M-5-43  
y. 5-17-39  
No I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
FILED AUG 5 1946 STANDARD CERTIFICATE OF DEATH

23619  
State File No.  
3247  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since 7-14-46  
In this community 2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1111 East 11th Street,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Ida B. Gordon

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Rev. Harry A. Gordon 6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased July 18 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 0 7 hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name William Riley Hamilton

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

14. Maiden name Amanda Jane Winchester  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Daisy Croft,  
(b) Address Olathe, Kansas,

17. (a) removal (b) Date thereof 7-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ft. Scott, Kansas.

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-26-46 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1946 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from July 10 1946 to July 25 1946  
that I last saw him alive on July 25 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary occlusion  
Duration 15 days

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)  
94a

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 of Alloria Swoboda (M. D. or other) 420 Prof Bldg date signed 7-26-46

Prof. Blady  
11/30/

Dr. Ginsburg

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. Edwin Sheppard*  
.....  
Licensed Embalmer No. *4177*  
.....  
P. O. Address *H. C. Moore*  
.....

**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.**