

S. No. 2  
-12-45  
5-17-39  
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 761  
Primary Registration District No. 1002  
Registrar's No. 761  
State File No. 4849

FILED MAR 2 1947  
Registration District No. 761

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town K.C.  
(c) Name of hospital or institution:  
318 1/2 E 12th 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County JACKSON  
(c) City or town K.C. (If outside city or town limits, write "RURAL")  
(d) Street No. 318 1/2 E 12th (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK GORDON  
3. (b) If veteran, world war 1 name war  
3. (c) Social Security No. 492-14-5036

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 16 year 1947 hour 6 minute 8 M.  
21. I hereby certify that I attended the deceased from January 19, to February 19, 1947; that I last saw h. alive on February 19, 1947; 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 Div 3  
6. (b) Name of husband or wife unknown  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 27 1895 (Month) (Day) (Year)

Immediate cause of death Coronary Insufficiency  
Due to arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy not Heston & Inspectors

8. AGE: Years 56 1/4 Months 8 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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 3

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

10. Usual occupation Laborer

11. Industry or business Janitor

12. Name John A. Gordon

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

14. Maiden name Mary Edgingburg

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

16. (a) Informant Carett Gordon

(b) Address 2518 Myrtle

17. (a) Removal (b) Date thereof 2/19/47 (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth Kans

18. (a) Signature of funeral director Sebbeto's

(b) Address City

19. (a) 2-19-47 (Date received local registrar) (b) Theraldine Holmes (Registrar's signature)

23. Signature James Walker (M. D. or other) Walker  
Address 1424 Myrtle Date signed 2-18-47

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**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 *Harry Bergman*

Licensed Embalmer No. 2041

P. O. Address 42 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.**