

FILED FEB 20 1947
Registration District No. 3055

Primary Registration District No. 3055

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

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Bolivar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Bolivar
(If outside city or town limits, write "RURAL") /
(d) Street No. _____ (If rural, give location) /
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT

FULL NAME Andrew Jefferson Gorden

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Julia Belle Gorden 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb. 21 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 11 10 hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

MOYER FATHER { 12. Name John Henry Gorden
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Slaughter
15. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julia Belle Gorden
(b) Address Bolivar, Mo.

17. (a) burial (b) Date thereof Feb. 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Schofield Cemetery

18. (a) Signature of funeral director Turpin Funeral Home
(b) Address Bolivar, Mo.

19. (a) Feb 7, 1947 (b) Ralph Gorden
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1947 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from 28 October, 1946 to 31 January, 1947;
that I last saw him alive on 31 January, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage left Duration 3 days

Due to Arteriosclerosis generalised 5 yrs.

Due to _____

Other conditions (include pregnancy within 3 months of death)

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 Ralph Gorden (M. D. or other) MD
Address Bolivar, Mo Date signed Feb 47

APR 15 1967

DEPT. OF HEALTH
DISTRICT OFFICE
DISTRICT OFFICE

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.....

working under my personal supervision.

....., Registered Apprentice No.

Signed..... *Harold W. Simpson*

Licensed Embalmer No. 3053

P. O. Address..... Bolivar, 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.