

FILED MAY 15 1947

Registration District No. 65

Primary Registration District No. 4113

Registrar's No. 3

1. PLACE OF DEATH:

(a) County CHARITON
(b) City or town BRUNSWICK Mo.
(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 CHARITON
(c) City or town BRUNSWICK
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES GORDON

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

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, divorced, MARRIED

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

7. Birth date of deceased MARCH 14 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 27 hr. _____ min.

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

10. Usual occupation LABORER-RETIRED

11. Industry or business _____

12. Name LOYAL GORDON

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

14. Maiden name DO NOT KNOW

15. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant JRIT GORDON

(b) Address BRUNSWICK Mo.

17. (a) BURIAL (b) Date thereof 3-14-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRUNSWICK

18. (a) Signature of funeral director [Signature]

(b) Address BRUNSWICK Mo.

19. (a) 3-14-47 (b) Mildred Boone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 11TH
year 1947 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from JAN. 12th
1947, to MARCH 11th 1947.
that I last saw him alive on MARCH 11th 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Respiratory Failure
Due to Tertiary Syphilis

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

Major findings:
Of operations _____
Of autopsy _____

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 2

23. Signature [Signature] (Doctor or other)
Address BRUNSWICK Mo. Date signed 3-13-47

Duration

(Terminal)

30 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER: FATHER:

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 4-2-47

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 L. M. Weisel

Licensed Embalmer No. 823

P. O. Address Brunswick, Md.

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.