

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27058

State File No.

FILED
JUN 19 1947

Registrar's No. 18

Registration District No. 62

Primary Registration District No. 4108

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Stockton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: xxx
(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 Cedar
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Effie A. Gordon

3. (b) If veteran, name war

3. (c) Social Security No.

XXXX

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife E. P. Gordon
6. (c) Age of husband or wife alive years
7. Birth date of deceased: December 30 1874
(Month) (Day) (Year)

8. AGE: Years Months Days
72 6 2
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {
12. Name Henry Church
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Ann Jones
15. Birthplace Stockton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W.C. Gordon
(b) Address Stockton, Missouri
17. (a) Burial (b) Date thereof July 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gum Springs Cemetery

18. (a) Signature of funeral director Church and Neale
(b) Address Stockton, Missouri

19. (a) 7-19-47 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1947 hour 9 minute 45 AM.

21. I hereby certify that I attended the deceased from July 2 1947
that I last saw h. alive on July 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 94A
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature W.C. Gordon (M.D. or other)
Address Stockton Mo Date signed 7-7-47

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

RECEIVED
District Health Officer No. 7,
District File Number 6-17-869
Date Filed 7-25-47

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 Melvin Churchill
Licensed Embalmer No. 3272
P. O. Address Stockton 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.