-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42413

Registration District No. 226 Primary Registration District No. 4337 Registrar's No. 46

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Madison RR
(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 about 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Madison RR 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Eliza Caroline Gordon
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Gordon
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased 3 (Month) 14 (Day) 1870 (Year)

8. AGE: Years 78 Months 9 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Macon Mo (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business at home
FATHER
12. Name Albert Smith 4
13. Birthplace England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Radcliffe 4
15. Birthplace England (City, town, or county) (State or foreign country)
16. (a) Informant Coleman Jackson
(b) Address Madison Mo R.R.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12 18 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Fred A Thompson
(b) Address Madison Mo
19. (a) Dec 16, 1947 (Date received local registrar) (b) Olive Little (Registrar's signature) 204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1947 hour 10,30 minute a M.
21. I hereby certify that I attended the deceased from Dec 15, 1947, to Dec 16, 1947; that I last saw her alive on Dec 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 days
Due to untreated peritonsilar abcess	7 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 21
23. Signature T R Turner D.O. (M.D. or other)
Address Madison Mo Date signed 12-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 12-47-1
Filed DEC 23 1947
Date

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 Mrs Fred A Thompson

Licensed Embalmer No. 3282

P. O. Address Bradenton Fla

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.