

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26320
Registrar's No. 3002

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(d) Length of stay: In hospital or institution 6 DAYS
In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 2100 OLIVE
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME ROBERT GORDON
(b) If veteran, name war No
(c) Social Security No. Unk.

4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife Unk.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 2, 1889

8. AGE: Years 59 Months 3 Days 18 If less than one day hr. min.

9. Birthplace NATCHEZ MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER {
12. Name AUSTIN GORDON
13. Birthplace NATCHEZ MISSISSIPPI
14. Maiden name FANNIE ADAMS
15. Birthplace NATCHEZ MISSISSIPPI

16. (a) Informant ARCHIE GORDON (BROTHER)
(b) Address 2453 BROOKLYN

17. (a) Burial (b) Date thereof 7/23/48
(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director
(b) Address 1729
19. (a) 7-22-48 (b) Registrar's signature

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 20, year 1948 hour 5: minute 35 A. M.
21. I hereby certify that I attended the deceased from JULY 14, 1948 to JULY 20, 1948 that I last saw him alive on JULY 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: INTESTINAL OBSTRUCTION
Due to: CARCINOMA OF COLON
Other conditions: 462
Major findings: Of operations
Of autopsy: SAME AS ABOVE

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature of physician (M. D. or other) Date signed 7/20/48

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

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 D. J. Maulona
DL Licensed Embalmer No. 3994
P. O. Address 2503 Highlife

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.