

FILED OCT 4 1948
Registration District No. **42**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2906 Lafayette St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11** **3** **23**
(Specify whether
In this community **11** **years**
years, months or days)

3. (a) PRINT FULL NAME **MARY ANN GORDON**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Howard** 6. (c) Age of husband or wife if alive, years **14**

7. Birth date of deceased **December 14, 1861**
(Month) (Day) (Year)

8. AGE: Years **86** Months **9** Days **15** If less than one day hr. min.

9. Birthplace **Salem Indiana /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **Home**

12. Name **James Coulter** **9**

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

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sadie Gault (dau)**

(b) Address **2906 Lafayette St.**

17. (a) **Removal** (b) Date thereof **9/30/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hiawatha, Kansas**

18. (a) Signature of funeral director **John C. Gault**

(b) Address **6054 Pryor Ave., City**

19. (a) **10-2-48** (b) **L. E. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **2906 Lafayette St.** //
(If outside city or town limits, write "RURAL")
(d) Street No. **St. Joseph, Missouri** //
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** **29,** day
year **1948** hour **8** minute **:15P.** M.

21. I hereby certify that I attended the deceased from **9/29** **11** to **9/29** **19.48**,
that I last saw her alive on **9/29** **19.48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr Myocarditis** Duration
Palmonary Emphysema **12 hrs**

Due to **Generalized Arteriosclerosis** **YRS**

Due to

Other conditions (Include pregnancy within 3 months of death)

MARKED EMACIATION **PHYSICIAN**

Major findings: Of operations

Of autopsy **9/30**

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 **0**

23. Signature **M E Grimes** (M. D. or other)

Address **St. Joseph, Mo.** Date signed **10-1-48**

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.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.

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