FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39260

State File No.

Registration District No. 4

Primary Registration District No. 4016

Registrar's No. 59

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Tarkio
(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 80yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison 3
(c) City or town Tarkio 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARTHUR B. GORDON
3. (b) If veteran, name war **
3. (c) Social Security No. **
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced wid 2
6. (b) Name of husband or wife Amanda Ramsey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 23 (Day) 1854 (Year)

8. AGE: Years 94 Months 7 Days 27 If less than one day hr. min.
9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation retd farmer
11. Industry or business
FATHER
12. Name David Gordon 4
13. Birthplace England
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lydia Ann Ellis
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Byron Burg
(b) Address Tarkio, Mo.
17. (a) burial (b) Date thereof 12/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Center Grove Cemetery
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.
19. (a) 12-21-48 (b) Betty Crafton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1948 hour 4 minute 30 p.M.
21. I hereby certify that I attended the deceased from Dec. 1, 1948 to Dec. 20, 1948; that I last saw him alive on Dec. 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
936

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) 2
While at work? (e) Means of injury
23. Signature Dr. C. L. Barnard ## DO (M.D. or other)
Address Tarkio, Mo. Date signed 12/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 John M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.