

REC'D JUL 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21679

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 218
(c) City Jefferson City (d) Street No. Saint Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Allen Gordon
(a) Residence, No. 214 East McCarty St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Vilda Gordon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 8 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Funeral Director
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Missouri
13. NAME Charles A. Gordon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Missouri
15. MAIDEN NAME Georgia Dickerson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Missouri
17. INFORMANT (ADDRESS) Thorpe J. Gordon
217 E. McCarty St. J.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE July 10, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thorpe J. Gordon
Jefferson City Mo.
20. FILED 7/21/38 Superior Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from 7-6-38, 1938, to 7-9-38, 1938
I last saw him alive on 7-9-38, 1938. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:
accidental transportation
automobile accident
210 mi.
Date of onset _____
Other contributory causes of importance:
fractured skull
hemorrhage
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-6-38
Where did injury occur? Cole Co. Mo. - Hwy. 50
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury car left highway - overturned
Nature of injury fract. of skull
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. P. Williams M. D.
Jefferson City Mo. (Address)

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,

John J. Hennrich

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

John J. Hennrich

Licensed Embalmer No. *3655*

P. O. Address

Jefferson City,

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, above space should be left blank.