

REC'D DEC 16 1938

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

40586

Do not use this space.

## 1. PLACE OF DEATH

(a) County Vernon 2 Registration District No. 878  
(b) Township Dover 1 Primary Registration District No. 6166  
(c) City..... (d) Street No..... 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.

Registered No. 9

## 2. PRINT FULL NAME

(a) Residence, No. 630 Charley Gordy  
Sheldon Mo. R.F. D #2 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 Sarah Gordy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15 - 1955

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
83 2 8 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Septon, Penns.

FATHER 13. NAME Charley Gordy  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Penns

MOTHER 15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Roy Gordy  
Sheldon Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Folsom Cemetery Nov. 6 193819. FUNERAL DIRECTOR (ADDRESS) E. B. Beery & Son  
Sheldon Mo.20. FILED Nov. 5 1938 Carroll T. Beery Local Registrar 799

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 - 193822. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1938, to Nov 4, 1938.I last saw him alive on Nov 4, 1938. Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive cardiac -  
vascular renal disease  
Cerebral hemorrhage Aug 1938

Date of onset

Other contributory causes of importance: 121

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?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) C. E. Audette, M. D.(Address) Lamar, Mo.

RECEIVED  
District Health Officer No. 7  
District File Number 7-38-504  
Date Filed 12-7-32

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beemy Licensed Embalmer No. 2385

hereby certify that the body recorded on the reverse side of this certificate was embalmed by was not embalmed

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Carroll T. Beemy  
Licensed Embalmer No. 2385

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.)