

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

41969  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002 Registered No. 5035

(c) City Kansas City, Mo. (d) Street No. K. C. General Hospital, K.C.Mo. 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 Lary Edenburgh Gordon, Gordon

(a) Residence, No. 2006 Kansas Avenue, City. 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 Female 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 John A. Gordon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21st, '69

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	69	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Housewife

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) Missouri

FATHER

13. NAME James T. Chrisner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna

MOTHER

15. MAIDEN NAME Uld na Archer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT John A. Gordon,  
(ADDRESS) 2006 Kansas Avenue, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cremation at Elmwood DATE Dec. 27th, 1938

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster  
(ADDRESS) 918 Brooklyn Avenue, K.C.Mo.

20. FILED 12-27-38 M. M. Crowe  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1938 to Dec 25 1938  
I last saw him alive on Dec 25 1938 Death is said to have occurred on the date stated above, at 6:05 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
hypostatic pneumonia

Other contributory causes of importance: 2nd

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) P. De Marco, M. D.  
(Address) \_\_\_\_\_

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**