

REC'D JUN 8 1939

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

17622

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1007 Registered No. 2024
(c) City Kansas City or (d) Street No. Research Wash. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Miss Hattie H. Gordon
(a) Residence, No. 5616 Wyandott 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
64 8 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as saw mill, bank, etc. Teacher
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 Missouri13. NAME G. W. A. Gordon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Rachel Valand16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Mrs. Edna Johnson
5616 Wyandott18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City, Mo. DATE 5/16/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Stone & McCluckey
1502 Mo.20. FILED May 15 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 5:25 AM
The principal cause of death and related causes of importance were as follows:

Total Pneumonia
P.T. Lung
108
Date of onset 4/15/39

Other contributory causes of importance:

Chronic Nephritis
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) John R. Summers, M. D.
(Address) 1402 B Street

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.