

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. 28

1. PLACE OF DEATH:

(a) County LINN
(b) City or town MARCELINE MO.
(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 50 years, months or days)

3. (a) PRINT FULL NAME EDGAR BEAGLE GORDON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Stephen Elg Gordon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 16 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name AARON GORDON

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA REEDMAN

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Will Spence

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Oct. 13-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Locke Cemetery

18. (a) Signature of funeral director As M. Joughlin

(b) Address Marceline Mo 451

19. (a) 10-13 (b) Oliv. Barrett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Marceline Mo
(If outside city or town limits, write "RURAL")

(d) Street No. W. Walker St
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1939 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Occasionally
_____, 19____, to _____, 19____;

that I last saw him alive on June 15, 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death stroke death from unknown cause while asleep.

Due to _____

Due to _____

Due to _____

Other conditions hypertension & asthma
(Include pregnancy within 3 months of death) 15 yrs

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Marceline Date signed [Signature]

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

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.

1139-1528
Date filed 22 1939

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 Dale Bunch
Licensed Embalmer No. 4088
P. O. Address Marceline 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, above space should be left blank.