

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

1737
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 100
 (b) Township St. Joseph Primary Registration District No. 100 Registered No. 73
 (c) City St. Joseph (d) Street No. Missouri Methodist 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. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Rushville, Mo. St. Rushville, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward M. Gordon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>53</u>	<u>4</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Rushville Mo.

FATHER 13. NAME Lyman C. Daniels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co. Mo.

MOTHER 15. MAIDEN NAME Susan Chapin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazel Co. Mo.

17. INFORMANT (ADDRESS) Otis Daniels Rushville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesleyan Church DATE 1-23 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. S. Johnson, Kansas

20. FILED Jan 28 1940 H. J. Needles Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1940

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1940, to Jan 21 1940
 I last saw her alive on Jan 20 1940. Death is said to have occurred on the date stated above, at 6:30 a. m.
 The principal cause of death and related causes of importance were as follows:

Hodgkins
Hodgkins 1/2/3
 Date of onset 1936

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) H. S. Crowder, M. D.
 (Address) St. Joseph Mo.

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.

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.