

FILED JUL 15 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 370

Primary Registration District No. 5516

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Holt
(b) City or town rural Forest Twp.
(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 31 days
years, months or days

3. (a) PRINT FULL NAME Elmer Gordon 635

3. (b) If veteran, name war No
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Gracie Griffin Gordon, Decd. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 2 1980
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired farmer

11. Industry or business General farming

12. Name Mart Gordon

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

14. Maiden name Margaret Grooms

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

16. (a) Informant Bert Gordon
(b) Address Forest City, Mo.

17. (a) Removal (b) Date thereof Jane 2, 1980
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Las Animas, Colo.

18. (a) Signature of funeral director James H. Pettigrew
(b) Address Creighton, Mo.

19. (a) June 2 1940 (b) Ralph C. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County Bent
(c) City or town Las Animas
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1940 hour 1:10 minute _____ P.M.

21. I hereby certify that I attended the deceased from May 31
1940 to May 31, 1940
that I last saw him alive on May 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (Thrombosis) Duration _____

Due to _____
Due to 9/4/10

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
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? _____

3314 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Albert C. Harris M.D. (M. D. or other) _____
Address Forest City, Mo. Date signed 5/1/40

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

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RECEIVED
District Health Officer No. 11,
District File Number 740-1202
Date Filed JUL 1 1940

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 James H. Pettigrew
Licensed Embalmer No. 3892
P. O. Address Oregon 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.