

REC AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24374**
2984
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

I. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3214 Harrison 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3214 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1940 hour 3 minute 0 P. M.
21. I hereby certify that I attended the deceased from July 20
_____ 1940, to July 25, 1940
that I last saw h. l. m. alive on July 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Due to _____
Due to 50
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Duration

3. (a) PRINT FULL NAME FRANK GORDON
Frank Gordon

3. (b) If veteran _____ 2. (c) Social Security name Spanish American No. none

4. Sex male 5. Color or race wh
6. (a) Single, widowed, married divorced single

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

7. Birth date of deceased Dec 25 = 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Attorney at Law

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Gordon

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

14. Maiden name Masa Harris

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

16. (a) Informant Mrs. J. Plunkshy
(b) Address 3214 Harrison

17. (a) Burial (b) Date thereof July 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill
18. (a) Signature of funeral director Carroll Davidson
(b) Address 2024 Troost

19. (a) July 27, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
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 Stoffman M.D.
Address 408 Argyle Bldg Date signed 7/26/40

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

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, of by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. P. Casey

Licensed Embalmer No. 7982

P. O. Address 3524 Truman

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.

Dr. Hoffman