

No. 2
4-10-39
1753
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24863

AUG 14 1940

State File No.

Registration District No. 163

Primary Registration District No. 40951

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Springs
(If outside city or town limits, of the "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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cedar
(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 708 E. Joe Davis (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1940 hour 3:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 26, 1940 to July 8, 1940
that I last saw him alive on July 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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? 154
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J.P. Williams (M. D. or other) _____
Address El Dorado Springs, Mo Date signed 7-10-40

8. (a) PRINT FULL NAME SIMON D. GORDON 635

3. (b) If veteran, name war _____ 8. (c) Social Security No. none

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

6. (b) Name of husband or wife BERTHA GORDON 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 13 - 1855 (Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 25 If less than one day hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Gordon

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

14. Maiden name Martha Ann Casey

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

16. (a) Informant Mrs Bertha Gordon

(b) Address 708 E. Joe Davis, El Dorado Springs, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-40 (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Springs Cemetery

18. (a) Signature of funeral director Harold Sanders

(b) Address El Dorado Springs Mo

19. (a) July-10-40 (Date received local registrar) J.P. Dawson (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 8-40-1178

Date Filed 8-10-40

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.