

No. 2
1-13-40
17-39
X23159

1940 AUG 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24962

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 1674

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Penitentiary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME FRANK GORDON 625

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

4. Sex Male 5. Color or race White 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 March 17, 1901
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business 9

12. Name Unknown 9

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Self

(b) Address _____

17. (a) Removal (b) Date thereof 7-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wubshell Mo

18. (a) Signature of funeral director Thorp Gordon

(b) Address Jefferson City Mo

19. (a) 7/5/40 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1940 hour 3 minute 30, P.M.

21. I hereby certify that I attended the deceased from June 4th, 1940, to July 4, 1940; that I last saw him alive on July 4th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____ 24

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature Marshall Kelly (M. D. or other) 1
Address Jefferson City, Mo.

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

MOTHER FATHER

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.....

Louis Quest....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Louis Quest*.....

Licensed Embalmer No. *4096*.....

P. O. Address *Jefferson City, 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, fact should be so stated above.