

NOV 20 1940

State File No. \_\_\_\_\_

Registration District No. 400

Primary Registration District No. 55532

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Little Blue  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson County Hospital  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 12 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 502 Westport Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Leo Gordon

3. (b) If veteran, name war none

3. (c) Social Security 487-09-8325

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

6. (b) Name of husband or wife Bedie Gordon 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased July 12 1908 (Month) (Day) (Year)

8. AGE: Years 32 Months 3 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation moulder

11. Industry or business Morgan Foundry

12. Name No record

13. Birthplace No record (City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Bedie Gordon

(b) Address 302 Westport Road

17. (a) Bureau (b) Date thereof Nov. 5/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Ch. Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) 11-4-40 (Date received local registrar) (b) David S. Baine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov day 3 year 1940 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw the deceased \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Multiple Lung Abscess

Due to Injured 2 ribs - Fract leg

Due to Automobile Accident (missed curve)

Other conditions Passenger - car (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy above

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) Accident

(b) Date of occurrence 8-12-40

(c) Where did injury occur? Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? missed curve on hwy.

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

23. Signature Russell Jensen (M. D. or other)

Address W. 11th Date signed \_\_\_\_\_

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

18

25

**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, fact should be so stated above.**