

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43986
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 79638
 (b) Township 3 Primary Registration District No. 3038 Registered No. 188
 (c) City Marshfield (d) Street No. No. Main school St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas D. Gordon
 (a) Residence, No. St. Joseph, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16-1893

7. AGE YEARS 47 MONTHS 8 DAYS 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Buchanan Co Mo

FATHER 13. NAME Thomas P. Gordon

14. BIRTHPLACE (CITY OR TOWN) Andrew Co Mo (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Helena Gatto

16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

17. INFORMANT School Record (ADDRESS) Marshfield

18. BURIAL, CREMATION, OR REMOVAL Removal PLACE Long Beach California DATE Dec 21 1940

19. FUNERAL DIRECTOR (NAME) Sam Short (ADDRESS) Marshall way

20. FILED 12-28-40 19 40 Mary Kent (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1940 to Dec 26 1940
 I last saw him alive on Dec 25 1940 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 12/2

Other contributory causes of importance: —

Name of operation No Date of —
 What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? — Date of injury —, 19—
 Where did injury occur? — (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify —
 (Signed) M. D.
 (Address) Marshfield

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-10-41

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, _____

Ronald W. Short

_____ or by _____

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

Signed *Ronald W. Short*

Licensed Embalmer No. *3757*

P. O. Address *Marshall Miss*

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.