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

1677
Do not use this space.

1. PLACE OF DEATH
(a) County Bates — Registration District No. 48
(b) Township Homer — Primary Registration District No. 4028 — Registered No.
(c) or City Amoret — (d) Street No. 1 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 HENRY GORDON
(a) Residence, No. Kmont Mo. St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie Gordon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 28 1864
7. AGE: YEARS 76 — MONTHS 8 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: retired
9. Industry or business in which work was done, as saw mill, bank, etc.: farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 1

FATHER
13. NAME: James Gordon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 1

MOTHER
15. MAIDEN NAME: Melvina Clinquest
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 1

17. INFORMANT (ADDRESS): Mrs Henry Gordon Amoret Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill — DATE: Jan 8, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Culbus Butler Mo.
20. FILED 1/7 1941 Mrs Carl Hall
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 6, 1941
22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1940, to Jan 6, 1941
I last saw him alive on Jan 4, 1941. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Acute Lymphatic Leukemia — Date of onset

Other contributory causes of importance:

Lymphatic Leukemia

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify Carter W Lister
(Signed) ..... M. D.
5. (Address) Butler Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 7
District File Number 1-41-64
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, ~~or by~~ ....., Registered Apprentice No. ..... working under my personal supervision.

Signed R. Denton Lisl

Licensed Embalmer No. 4123

P. O. Address Butler, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.