

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9834**  
Registrar's No. **1243**

**FILED** APR 15 1941  
Registration District No. **549**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5701 Troost Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **55 Yrs.**  
years, months or days)

3. (a) PRINT FULL NAME **Aubrey G. Gordon**  
3. (b) If veteran, name war **No.**  
3. (c) Social Security No. **No.**

4. Sex **Male**  
5. Color or race **Wh.**  
6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **Unknown**  
6. (c) Age of husband or wife if alive **2** years **1884**  
7. Birth date of deceased **Febr. 2 1884**  
(Month) (Day) (Year)

8. AGE: Years **57** Months **1** Days **25**  
If less than one day hr. min.

9. Birthplace **DeWitt Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Franklin**

11. Industry or business **None**

MOTHER FATHER {  
12. Name **Frank P. Gordon**  
13. Birthplace **Cold Water Michigan**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Ruckel**  
15. Birthplace **Baltimore Maryland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. C. Gordon**  
(b) Address **619 Brigatton Ave.**

17. (a) **Burial** (b) Date thereof **Mar. 31-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Eylar Funeral Home**  
(b) Address **1800 Linwood K.C. Mo.**

19. (a) **3/28/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **47**  
(a) State **Mo.** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5701 Troost Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28**  
year **1941** hour **6** minute **A. M.**  
21. I hereby certify that I attended the deceased from **Jan 3** 1941 to **March 27** 1941;  
that I last saw him alive on **March 27** 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**  
Duration **8 hours**

Due to **Hypertension**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **arterio sclerosis**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 **George H. Maclelland** (M. D. or other) **MD**  
Address **520 Professional Bldg.** Date signed **March 25 1941**

520

VI 4 260. 1 P.M.

**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 Chas. Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Pinewood

**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.**