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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27368

Registrar's No. 3026

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:
2603 Jackson Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community 21 years, /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri, (b) County Jackson,

(c) City or town Kansas City, Ave.,
(If outside city or town limits, write "RURAL")

(d) Street No. 2603 Jackson Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x 0 years.

3. (a) PRINT FULL NAME Birtie Hade Gordon,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Mrs. Esther Gordon,

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July (Month) 1 (Day) 1866 (Year)

8. AGE: Years 75 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation Grocer,

11. Industry or business x

FATHER
12. Name John Gordon,
13. Birthplace Pennsylvania, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Virginia Ridenour,
15. Birthplace Maryland, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esther Gordon,
(b) Address 2603 Jackson Ave., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8/11/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th year 1941 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from Aug 4, 1941, to Aug 10, 1941; that I last saw him alive on Aug 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
7 6 days duration

Due to High Blood Pressure.

Due to 83A

Other conditions Atheromatous blood vessels
(Include pregnancy within 3 months of death)
Edward L. Stewart MD

Major findings:
Of operations no operations

Of autopsy no 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Edw. L. Stewart (M. D. or other) (D)
Address 1115 Grand ave. KC Mo. Date signed 8/11/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Stewart, Lawrence Bldg
Va 1440

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 E. M. Plaskett

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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

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