

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH
(a) County BUCHANAN
(b) City or town ST. JOSEPH *Calis*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or lot number)
(d) Length of stay: In hospital or institution 4 months 15 days
(Specify whether) In this community 4 months 15 days
years, months or days

3. (a) PRINT FULL NAME Floyd P Gordon
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive 12 years
7. Birth date of deceased Aug 17 1905
(Month) (Day) (Year)

8. AGE: 3 Years 36 Months 11 Days If less than one day
36 1 11 4 hr. 4 min.

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

10. Usual occupation Farmer & Carpenter

11. Industry or business no

12. Name Floyd P Gordon

13. Birthplace Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Edith M Klone

15. Birthplace Nebraska
(City, town, county) (State or foreign country)

16. (a) Informant Presley P Gordon (Father)

(b) Address Rushville Mo

17. (a) Removal (b) Date thereof 9-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugar Creek Cemetery

18. (a) Signature of funeral director Phillip Stankovic

(b) Address Atchison Kansas

19. (a) 9-23-1941 (b) H. J. Nestel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Same No. Deer, Belshville, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 23
year 1941 hour 8 minute A M.

21. I hereby certify that I attended the deceased from on
Sept. 23 1941 to 19;
that I last saw him alive 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by hanging by a wire from a limb of tree
Due to Insanity Duration 1 day
8 mo

Due to 10/4

Other conditions (include pregnancy within 3 months of death)

Man hung himself by a wire attached around his neck and to a limb of a tree after escaping for the St. Hospital #2 on Sept. 16, 1941
PHYSICIAN
Major findings: attached around his neck
Of operations: and to a limb of a tree after
Of autopsy: no escaping for the
St. Hospital #2 on Sept. 16, 1941
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) Suicide

(b) Date of occurrence Sept 23 - 1941

(c) Where did injury occur? St. Joseph Buch Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hospital garden
(Specify type of place)

While at work? no (e) Means of injury Hanging

23. Signature H F Mundy (M. D. of other) Chamber

Address 404 So 3d St Date signed 9/23/40

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

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 ms

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

Signed William Stenton Jr

Licensed Embalmer No. 3798

P. O. Address Albion, Kans

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

If this body is not embalmed, fact should be so stated above.