

FILED OCT 16 1941

Registration District No. **441**

Primary Registration District No. **4259**

Registrar's No. **50**

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina *SAI FIAI*
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox **52**
(c) City or town Edina **1**
(If outside city or town limit write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

8. (a) PRINT FULL NAME Hattie Ann Gordon

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Frank Gordon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 (Month) 20 (Day) 70 (Year)

8. AGE: Years Months Days If less than one day
71 2 20 hr. _____ min.

9. Birthplace Edina (Rural) (City, town, or county) No. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Fletcher O'Brian
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Heddie Taylor
15. Birthplace Lewis Co. G No. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Gordon Smith

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 12 41 (Month) (Day) (Year)

(c) Place: burial or cremation Linvale Cemetery

18. (a) Signature of funeral director W. H. Hudson

(b) Address Edina

19. (a) Sept 13 1941 (Date received local registrar) (b) Mr. C. M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 8 to Sept 10, 1941; that I last saw her alive on Sept 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to _____

Due to 1700

Other conditions Fibroid Tumors of Uterus (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy H68

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. S. Luman (M. D. or other) _____

Address Edina Mo. Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 10-44-1800

Date Filed OCT 8 1941

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minnesota

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.