

Registration District No. **FILED NOV 6 3 1941**

Primary Registration District No. **5862**

Registrar's No. **104**

1. PLACE OF DEATH:

(a) County **Pemscot**  
(b) City or town **Camdenville Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Rural, Little Prairie**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **About 6 Mos.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pemscot**  
(c) City or town **Camdenville Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **"Rural" Little Prairie** (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

8. (a) PRINT FULL NAME **Henry Gordon**  
3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

20. DATE OF DEATH: Month **Oct** day **17** year **1941** hour **4:00** minute **P.** M.

21. I hereby certify that I attended the deceased from: \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex **M.** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **unknown**

That I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death \_\_\_\_\_

7. Birth date of deceased **unknown**  
(Month) (Day) (Year)

Due to **Internal injuries, crushed heart.**

8. AGE: Years **about 60** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **being struck by automobile**

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

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation **Farm laborer.**

Major findings: Of operations **none**

11. Industry or business \_\_\_\_\_

Of autopsy **none**

12. Name **unknown**

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

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

14. Maiden name **unknown**

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

16. (a) Informant **Highway Patrol**  
(b) Address **Camdenville, Mo.**

17. (a) **Rural** (b) Date thereof **10-18-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **County Park**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Accident.**

(b) Date of occurrence **Oct. 17, 1941**

(c) Where did injury occur? **1 1/2 mi W. Camdenville**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **84 State Highway**  
(Specify type of place) (e) Means of Injury **Auto hit**

23. Signature **Julius V. Moore** (M. D. or other) **Coroner**  
Address **Wayne, Mo.** Date signed **10-17-41**

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

8  
0  
0

11-41-12

DEC 2 1944

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.....

*Body was not embalmed*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.