

FILED DEC 10 1941

Registration District No. 33

Primary Registration District No. 3005-

State File No. _____

Registrar's No. 43

1. PLACE OF DEATH

(a) County BATES
(b) City or town RICH HILL NAT'L
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
400 E. MYRTLE ST. 1 Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 YEARS (Specify whether
In this community 60 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BATES 7
(c) City or town RICH HILL 2
(If outside city or town limits, write "RURAL")
(d) Street No. 400 E. MYRTLE ST. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 6
year 1941 hour FIVE minutes 45 P.M.

21. I hereby certify that I attended the deceased from Nov 7 years 11 1/2 1934
that I last saw him alive on Nov 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia & influenza
Due to influenza & pneumonia
Due to influenza
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 8301
Of operations _____
Of 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?

While at work? (Specify type of place) (e) Means of injury _____
23. Signature Clayton Allen M.D. (M. D. or other) _____
Address Rich Hill, Mo Date signed Nov 8, 1941

3. (a) PRINT FULL NAME JOHN THOMAS GORDON

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Theodosia Gordon 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb. 17, 1877 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace BOURBON CO. KANSAS (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name George Thomas Gordon
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 Mary Gordon

(b) Address Rich Hill, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation GREENLAWN

18. (a) Signature of funeral director [Signature]

(b) Address _____
19. (a) Nov 8, 1941 (Date received local registrar) (b) Clayton Allen M.D. (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2018

Date Filed 12-9-41 AS

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.....

Myself.

....., Registered Apprentice No.

working under my personal supervision.

Signed

John J. Anderson

3585

Licensed Embalmer No.

Butler Missouri

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, fact should be so stated above.