

FILED NOV 9 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4028

48
803

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

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:
219-41-Merimington 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 yrs
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 219-41-Merimington
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Charles F. Gordon

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wed
6. (b) Name of husband or wife Josephine Gordon 6. (c) Age of husband or wife if alive 1861 years
7. Birth date of deceased Apr-9-1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 20 If less than one day hr. min.

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

10. Usual occupation Retired Real Estate

11. Industry or business

MOTHER FATHER
12. Name John Gordon
13. Birthplace Pa 1
(City, town, or county) (State or foreign country)
14. Maiden name Martha M Quinter
15. Birthplace Pa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Beau J. Stokes

(b) Address 219-41 Merimington

17. (a) Burial (b) Date thereof Oct 31 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address 918 Brooklyn

19. (a) 10-31-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1942 hour 8 minute 50 a M.

21. I hereby certify that I attended the deceased from Sept 29
1942 to Oct 29 19 42
that I last saw him alive on Oct 27 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 10 days

Due to Senility

Due to Pneumonia - Lobar 6 days

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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 Carl T. Mauer (M. D. or other)
Address 6508 E 37th Date signed 10-29-42

Dr Carl Moore
L508-EP-37
Rueda

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 Me

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

Signed [Signature]

Licensed Embalmer No. 4179

P. O. Address [Signature]

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.