

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 10 1942

Registration District No. 28

Primary Registration District No. 3006-5420

Registrar's No. 217

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ashland Gravel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 73 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Ashland Gravel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

10
2
4
0

3. (a) PRINT FULL NAME MARY DENNY GORDON

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Marshall Gordon
6. (c) Age of husband or wife if alive 2 - 5 - 1869 years
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Alexander Denny
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Pitts
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Frederick Gordon
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 10-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Carver Funeral Home
(b) Address Columbia, Mo.

19. (a) Oct 4 1942 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1942 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 1942 to Oct 3 1942; that I last saw her alive on Oct 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death paralysis agitans 7 yrs
Duration _____

Due to _____

Due to _____

Other conditions g7c
(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? _____

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

23. Signature E. S. Kerkut (M. D. or other) O.D.
Address Columbia Date signed 10/5/42

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

NOV 24 1948

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:

Licensed Embalmer No. 4138

P. O. Address Columbia, S.C.

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.