

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 179

Primary Registration District No. 5668

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural Clark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Rural Clark
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME ROY LEONARD 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 Single

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

7. Birth date of deceased May 14 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Lincoln Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin C. Gordon
13. Birthplace Warren County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anna A. Harper
15. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant O. L. Gordon
(b) Address Troy Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Wayne M. Gray
(b) Address Troy Mo

19. (a) Feb. 1/43 (Date received local registrar) (b) W. H. Clay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1943 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 13
_____ 1943 to Jan 26 1943
that I last saw him alive on Jan 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Renemia
Due to Prostatic hypertrophy
Due to Arterio-sclerosis
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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) Means of injury _____
23. Signature W. H. Clay (M. D. or other)
Address _____ Date signed Jan 29/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Wayne M. Coy

Licensed Embalmer No. *2580*

P. O. Address *Jay MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.