No. 2
9-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13182

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1611

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Children's Mercy Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 P.M. 4/4/43 to 11 A.M. 4/5/43 (Specify whether)
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Lynn Co. 999

(c) City or town Centerville O
(If outside city or town limits, write "RURAL")

(d) Street No. RR 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Gordon, Walter William

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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 April (Month) 2 (Day) 1935 (Year)

8. AGE: Years 8 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Garnett (City, town, or county) Kansas (State or foreign country)

10. Usual occupation student

11. Industry or business

FATHER
12. Name Perry L Gordon
13. Birthplace Hiawatha (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Opal Carrier
15. Birthplace Olathe (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Perry L Gordon

(b) Address Centerville Kansas

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Osawatomie, Ks.

18. (a) Signature of funeral director Simmons F. Home

(b) Address K C Kansas

19. (a) 4-5-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1943 hour 11 A.M. minute A.M.

21. I hereby certify that I attended the deceased from 11-4-43, 1943 to 4-5, 1943 that I last saw him alive on 4-5, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HEART DISEASE	1½ YRS
Due to RHEUMATIC FEVER	
Due to 92B	
Other conditions (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 H M Reilly (M. D. ~~or other~~)

Address 1624 Prof Bldg Date signed 4-5-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.