

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: K.C. General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 9 days

In this community No record (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. unknown 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME James Gordon

3. (b) If veteran, name war No record

3. (c) Social Security No. none

4. Sex M. 0 0 5. Color or race W.

6. (a) Single, widowed, married, divorced no record

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

7. Birth date of deceased no record
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1943 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4-20-43, 19... to 4-29-43, 19...
that I last saw him alive on 4-29-43, 19...
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

app. 60 no record 9 hr. min.

9. Birthplace no record
(City, town, or county) (State or foreign country)

10. Usual occupation no record

Immediate cause of death.....
Arteriosclerotic hypertension with hypertensive heart disease

Due to.....

Due to..... 93 D

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

MOTHER FATHER

11. Industry or business.....

12. Name no record 9

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K.C. General Hospital

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

(c) Place: burial or cremation Kansasville, Ohio college

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

(b) Address 2315 [Address]

19. (a) 5-8-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy None

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)

(c) Means of injury 0

23. Signature Mary P. Thorne (M. D. or other).....
Med Dir K.C. Gen. Hospital

Address..... Date signed.....

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

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..... *Ray E Snow*

Licensed Embalmer No. *2560*

P. O. Address. *A E M*

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.