

FILED MAY 29 1943
Registration District No. 207

Primary Registration District No. 4315

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Macon

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community 60 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Macon 61

(c) City or town Ballata 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: _____

3. (a) PRINT FULL NAME Harry Sastan Gordon

3. (b) If veteran, name war VK

3. (c) Social Security No. 709-18-2321

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bessie M Gordon

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov 15 1891
(Month) (Day) (Year)

Immediate cause of death Broken neck + crushed chest caused by wall 7 ft high that he was leaning due to him falling on his head stand death, accidental.

Due to _____

Due to _____

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

61 6 7 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. (a) Name Constance Gordon

13. (a) Name Oliver (City, town, or county) (State or foreign country)

14. (a) Name Margaret Taylor (City, town, or county) (State or foreign country)

15. (a) Name Oliver (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Floyd Chadwick

(b) Address Ballata Mo

17. (a) Burial (b) Date thereof May 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ballata

18. (a) Signature of funeral director F. J. Christie

(b) Address Ballata Mo

19. (a) 5-25-43 (b) Thos. Louch
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1954
Of operations: 99

Of autopsy: _____

Duration

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) accident 161

(b) Date of occurrence 5-22-43

(c) Where did injury occur? Ballata Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm (Specify type of place)

While at work? yes (e) Means of injury Broken neck + crushed chest

23. Signature F. J. Christie M.D. or other _____
Address Ballata Mo Date signed 5/23/43

AUG 18 1947
SEP 8 1947

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 *D. E. Christie*

Licensed Embalmer No. *1109*

P. O. Address *La Plata, Mo.*

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo }
County of Mau } ss.

State File No. 18338
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2 day of Sept, 1944, before me appears _____

Mrs Lloyd Chadwick, who, upon Her oath, states that the original record of ^{birth}~~death~~
for Harry Gaston Gordon, died May 22, 1943 in the State of
^{born} Missouri, and which was filed at Jefferson City Mo on _____, 19____, should be corrected as follows:

Item No. 3 a should read Harry Gaston Gordon

Instead of Narry Gaston Gordon

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Lloyd Chadwick Daughter
Relationship.

La Plata, Missouri
Present Address.

Subscribed and sworn to before me this 2 day of Sept, 1944.

My Commission expires Jan 18 1947 Emm L. Rebeck Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-18338