

S. No. 2
FORM-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23855

State File No. 3309
Registrar's No.

FILED AUG 11 1943
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Kansas City General Hospital
(d) Length of stay: In hospital or institution 1 hour
In this community 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4631 East 7th
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DWIGHT W. GORDON
3. (b) If veteran, name war World War
3. (c) Social Security No. 496-05-0831

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 29th
year 1943 hour 4:00 minute A. M.

4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Gordon
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased August 10 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Deputy Coroner
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 11 Days 19
If less than one day hr. min.

Immediate cause of death:
Total Gunshot Wounds
of Chest & Head
Due to 16/2
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Newman Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender
11. Industry or business Portland Liquor Co.

Major findings:
Of operations
Of autopsy See Above
Underline the cause to which death should be charged statistically.

12. Name Enoch Gordon

13. Birthplace Ill. /
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Darnell
(City, town, or county) (State or foreign country)

15. Birthplace Ill. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Gordon
(b) Address 4631 East 7th St.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence July 29 1943
(c) Where did injury occur Kansas City Jackson Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 7-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.

While at work No (Specify type of place)
(c) Means of injury Gunshot
23. Signature A. G. Wether (M. D. or other) M. D.
Address 22 M. Day Date signed 7/29/43

19. (a) 7-30-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

SEP 2 1943

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.