

FILED AUG 6 1943/49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3226

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:
In ambulance on way to Hospital
from Dr. K. E. Brown's office
(If in hospital or institution, write street, block or location)

(d) Length of stay: In hospital or institution 39 years (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. 510 E. 8th

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

If yes, name country _____

3. (a) PRINT FULL NAME Fred A Gordon

3. (b) If veteran, name war no 3. (c) Social Security No. 485-03-4251

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 July 14 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>16</u>	_____ hr. _____ min.

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

10. Usual occupation Plumber

11. Industry or business _____

12. Name William Gordon

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

14. Maiden name Ann Jane

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

16. (a) Informant Mrs. Mestied Maudy

(b) Address 3326 Brooklyn

17. (a) Removal no record (b) Date thereof 7-25-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Detroit, Michigan

18. (a) Signature of funeral director Mrs. C. L. Fenster

(b) Address K.C. Mo.

19. (a) 7-24-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1943 hour 6 minute P M.

21. I hereby certify that I attended the deceased from May 27 1943 to July 20 1943 that I last saw him alive on July 20 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Cardiac asthma

Due to Lungs 30g 50g

Other conditions: _____
(Includes pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. H. Lense (M.D. or other) DO

Address 27 E. Prospect Date signed 7/24/43

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

*Dr. Price N.O.
R.R. Perfect*

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.