

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

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3436

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:
920 West 32nd Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 69 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 920 West 32nd Terrace
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Jane Kiebler Gordon

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gideon M. Gordon 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March 29 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name John K. Kiebler
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Sarah K. Plummer
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie G. Pierson
(b) Address 924 W. 32nd Terrace, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-9-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1943 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from July 15
1943, to Aug 7 1943

that I last saw him alive on Aug 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Infarction

Due to Paraplegia 8 years

Due to 920

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none

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) _____
(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 _____ (M. D. or other)
Address Carrollton 7110 Date signed 8-7-43

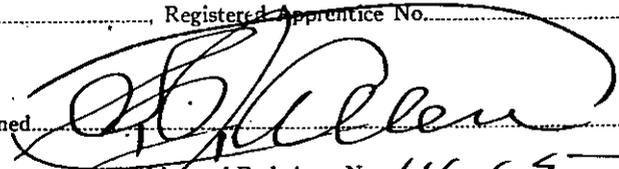
Dr. Carl A. Jackson

1103 E. Annan

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. 1415

P. O. Address K. C. M. B.

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.