

No. 2
1-4-41
17-39
X26350

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27818
State File No. _____
Registrar's No. 5

SEP 2 1943 40
Registration District No. 40

Primary Registration District No. 5-122-4001

1. PLACE OF DEATH:
(a) County: BOONE
(b) City or town: HALLSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
In this community: 7 YEARS IN HALLSVILLE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Hallsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: ANNIE GORDON
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: August day: third year: 1943 hour: 10 minute: 40 A.M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw her alive on Sat. July 31 1943
and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: white 6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: FRANCIS MARION GORDON 6. (c) Age of husband or wife if alive: 81 years
7. Birth date of deceased: JANUARY 25 1868 (Month) (Day) (Year)

Immediate cause of death: myocardial degeneration (non rheumatic)
Due to: Pernicious anemia. 1 1/2 years

8. AGE: Years: 75 Months: 6 Days: 8 If less than one day: _____ hr. _____ min.

Due to: _____
Other conditions: (Include pregnancy within 3 months of death) 938

9. Birthplace: Boone County Missouri (City, town, or county) (State or foreign country)

Major findings: Of operations: _____ Of autopsy: _____

10. Usual occupation: Housewife.

12. 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? _____

11. Industry or business: _____

MOTHER FATHER
12. Name: Henry A. Gibbons
13. Birthplace: Near Louisville Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Eliza Curry
15. Birthplace: Near Beardstown Illinois (City, town, or county) (State or foreign country)

12. 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? _____

16. (a) Informant: Mrs. W. B. Winn (b) Address: Hallsville Missouri

17. (a) _____ (b) Date then of _____ 43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: _____ (b) Address: _____

19. (a) Aug 5 1943 (b) Mrs. Ralph Bryan (Date received local registrar) (Registrar's signature)

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: Burnham Brooke (M. D. or other) D. O. Address: Hallsville Missouri Date signed: Aug 31 1943

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.....

Licensed Embalmer No. *41312*

P. O. Address..... *Columbia,*

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.