

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28597

State File No. _____

Registrar's No. 64

ED SEP 9 1943
Registration District No. 274

Primary Registration District No. 3035

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: 2637-Franklin St., Lexington, Mo.
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Lexington
(If outside city or town limits, write "RURAL")

(d) Street No. 2637-Franklin St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Frank Gordon

3. (b) If veteran, No name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or Race Col.

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

6. (b) Name of husband or wife Mamie Gordon

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 19, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 29 If less than one day
— hr. — min.

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

10. Usual occupation Miner

11. Industry or business Miner

12. Name Frank Gordon

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

14. Maiden name Silvia Barnett

15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Gordon

(b) Address 2637-Franklin St.

17. (a) Burial (b) Date thereof 8-22-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Arthur Howe

(b) Address Lexington, Mo.

19. (a) Aug-22-43 (b) Mrs. G. Schuch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th
year 1943 hour 8 P. minute 55 P. M.

21. I hereby certify that I attended the deceased from June 30th 1943 to Aug. 18th 1943
that I last saw him alive on Aug. 18th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Haemorrhage D. 14.

Due to multiple ulcers of colon & partial obstruction

Due to _____

Other conditions Ch. nephritis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy none 1318

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)

(c) Means of injury _____

23. Signature L. G. Schuch (M.D. or other)
Address Lexington, Mo. Date 8/20/43

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

MOTHER FATHER

RECEIVED
Director of Health Affairs #1.1.1
Date Filed 9-8-43

1

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..... *William Nunley*
Licensed Embalmer No. 3105
P. O. Address Lexington, 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.