

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 20 1944

Registration District No. 139Primary Registration District No. 5622Registrar's No. 139

1. PLACE OF DEATH:

(a) County Knox
 (b) City or town Knox City, Mo Rural
 (If outside city or town limits, write "RURAL" and name of township)
Myrtle
 (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 45 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
 (c) City or town Knox City
 (If outside city or town limits, write "RURAL")
Rural - Myrtle Twp
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Bradburn Gordon

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Snoda Stanley 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased December 16 1899
 (Month) (Day) (Year)

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

9. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation farmer

11. Industry or business _____

12. Name Joseph Gordon13. Birthplace uk Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Nancy Morris15. Birthplace Springfield Virginia
(City, town, or county) (State or foreign country)16. (a) Informant Mildred Gordon(b) Address Knox City, Missouri17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12 26 1943
(Month) (Day) (Year)(c) Place: burial or cremation Knox City Cemetery18. (a) Signature of funeral director Keith Anderson(b) Address Edina, Missouri19. (a) Dec 26 - 1943 (Date received local registrar) Nelle Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1943 hour 4 minute 30 A.M.21. I hereby certify that I attended the deceased from Dec 18 1943, to Dec 24 1943that I last saw him alive on Dec 23 and that death occurred on the date and hour stated above.Immediate cause of death Organic lesion! Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 _____Signature Paul McHenry (M. D. or other) _____Address Knox City, Mo Date signed 12/26/43

OCT 25 1956

RECEIVED
District Health Officer No. 10
District File Number ~~1-44-227~~
Date Filed JAN 17 1944

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 Keith Hudson
Licensed Embalmer No. 2415
P. O. Address Edina, Misso

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.

FEB 1943

Registration District No. 169

Primary Registration District No. 0622

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Rural - myrtle surf
(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 _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas B. Gordon

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dec 16 1880
(Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days _____ If less than one day _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb Day 14 Year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Organic lesion

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 _____ Date signed _____

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

SUPPLEMENTAL

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

3336