. S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23916

State File No.

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3185

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:
K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

In this community most of his life

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. 4129 Wayne
(If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Charles VanGordon

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Laura Van Gordon

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July (Month) 8 (Day) 1869 (Year)

8. AGE: Years 75 | Months 0 | Days 23 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER

12. Name Unknown,

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

14. Maiden name Unknown,

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

16. (a) Informant Mrs. Laura Van Gordon,

(b) Address 4129 Wayne, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-44 (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) 8-3-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 23, 1944, to July 31, 1944, that I last saw him alive on July 31, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Acute retention of urine with hemorrhage — Duration

Due to Probable Carcinoma of prostate not confirmed by autopsy

Due to

Other conditions (Include pregnancy within 3 months of death) 5 lb

Major findings:
Of operations

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Upner (M. D. or other) M.D.

Address Med. Dir. Gen'l Hosp. Date signed 8-1-44

(Licensed Embalmer's Statement on Reverse Side)

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. 1416

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.