S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22948

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3139

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 622 Benton Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community 55 years years, months or days)

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. 622 Benton Blvd. 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAUDE V. GORDON

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

4. Sex fe 1
5. Color or race wh
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eli P. Gordon
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7 (Month) 10 (Day) 1869 (Year)

8. AGE: Years 76 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Holden, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Baldwin Stevens
13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Belle Hartzell
15. Birthplace No record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Reynolds Gordon
(b) Address Crestview, N. K. City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Zurb + Robin
(b) Address 20 W. Linwood

19. (a) 7-26-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 19 1944 to July 24 1945 that I last saw her alive on July 23 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 b
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature John Paul (M. D. or other)
Address 6 E 11 St Date signed 7-25-45

(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 Charles M. Quinn

Licensed Embalmer No. 3774

P. O. Address K. C. 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.