

No. 2
1-5-43
5-17-39
1, X36671

State File No. _____

Registrar's No. 319

FILED NOV 20 1945

Registration District No. 207

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levensing Hospital
(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 Missouri (b) County Marion

(c) City or town Palmira, Mo. RR #
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Benjamin Gordon

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

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

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

7. Birth date of deceased Aug 28 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Richard Gordon

13. Birthplace Marion Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Gordon

15. Birthplace Marion Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Irene Yorkley

(b) Address Hannibal Mo

17. (a) Burial (b) Date thereof 10-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nycolivex cemetery

18. (a) Signature of funeral director James O'Donnel

(b) Address Hannibal Mo

19. (a) 10-29-45 (b) Dr E M Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 1945
year _____ hour 4:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 11, 1945 to Oct 21, 1945
that I last saw h. live on Oct 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 2 mo

Due to Carcinoma stomach 6 mo

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy H/L

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? _____

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

23. Signature Dr E M Lucke (M. D. or other) _____

Address Hannibal Mo Date signed 10-29-45

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

4
3
3
4

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..... *Harold M. Donnell*

Licensed Embalmer No. *3889*

P. O. Address..... *Hannibal 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.