

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JAN 9 1945

State File No. _____
Registrar's No. 5262

Registration District No. 149 Primary Registration District No. 1002

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:
7228 Ward Parkway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
32 yrs. (Specify whether 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. 7228 Ward Parkway 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Max Gordon

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Rose

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 25, 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17 year 1945 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12/17/45 on by, 19____, to _____, 19____, that I last saw him alive on 12/17/45 and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary Occupation 2 hrs

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>6</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation Tire Merchant

11. Industry or business _____

12. Name Hyman Gordon

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

14. Maiden name Sophia Copelman

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

Due to _____

Due to _____

Other conditions 940
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

16. (a) Informant Rose Gordon

(b) Address K. C. Mo.

17. (a) Burial (b) Date thereof: 12-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem

18. (a) Signature of funeral director J. F. Lewis Funeral Home

(b) Address K. C. Mo.

19. (a) 12-21-45 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

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 of physician Donald Vanman (M.D. or other) _____
Address Prof. 1264 Date signed 12/18/45

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

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..... *A. L. Lewis*.....
Licensed Embalmer No. *3110*.....
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.