

3. No. 2
M-5-43
5-17-39
I X36871

FILED JAN 21 1946

Registration District No. **119**

Primary Registration District No. **1002**

Registrar's No. **5490**

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Home 3207 Anderson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Keokuk Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3207 Anderson
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Merritt Gordon

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

4. Sex Male 5. Color or race wh

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

6. (b) Name of husband or wife Lovey Lee 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased may 9 1874
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31th
year 1945 hour 20 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec 28, 1945, to Dec 31, 1945,
that I last saw him alive on Dec 31, 1945,
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>7</u>	<u>22</u>	hr. min.

Immediate cause of death Bronchial
Septic Pneumonia
Indis. Decapitation

Due to _____

Due to _____

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

10. Usual occupation Railroad

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

Major findings: _____
Of operations 95C²

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Rufus Gordon

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

14. Maiden name Elizabeth Brown

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Etta Gisp

(b) Address 1215 Leach

17. (a) Burial (b) Date thereof: 12-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fontana, Kans

18. (a) Signature of funeral director Mrs. C. L. Frazier

(b) Address 918 Brooklyn Ho St

19. (a) 12-31-45 (b) Alvantine 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 2

23. Signature W. H. Harrison (M.D. or other) Dr
Address Keokuk Mo Date signed 12-31-45

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

100287

Dr. A. L. Johnson
Goshland, Mo

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.....

L. H. N. ie

Licensed Embalmer No.....

2570

P. O. Address.....

K @ 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.