...OF COMMERCE
...AU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1451

FILED JAN 21 1946

Registration District No. 1 Primary Registration District No. 1002 Registrar's No. 5360

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

100307

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: COMMONWEALTH HOTEL 1216 BROADWAY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 20 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. COMMONWEALTH HOTEL-1216 BROADWAY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ----

3. (a) PRINT FULL NAME MRS. HAZEL MARIE GORDON HERRING
3. (b) If veteran, name war NO
3. (c) Social Security No. 495-03-3120
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. OLA HERRING
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased Jan. (Month) 29 (Day) 1900 (Year)

8. AGE: Years 45 Months 10 Days 28 If less than one day ___ hr. ___ min.

9. Birthplace KEYTESVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation EMPLOYEE-GIFT DEPARTMENT
11. Industry or business T. M. JAMES WHOLESALE STORE
FATHER
12. Name L L GORDAN
13. Birthplace Keytesville (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name WILLIE
15. Birthplace Keytesville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant MR. W. J. SAMIDE
(b) Address 129 NORTH HARDESTY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-27-1945 (Month) (Day) (Year)
(c) Place: burial or cremation KEYTESVILLE, MISSOURI
18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 12-27-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 27th year 1945 hour ___ minute 7 A. M.
21. I hereby certify that I attended the deceased from One Visit Dec. 26, 1945, 19__, to 1 p.m., 19__ that I last saw her alive on Dec. 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza Complicated by heart Failure	6 days
Due to Coronary occlusion	
Due to	
Other conditions Heart Failure (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 a	
Of autopsy	

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 Wm H. Duncan (M. D. or other) M.D.
Address 1200 Professional Bldg. Date signed 27 Dec 45

(Licensed Embalmer's Statement on Reverse Side)

00 Professional Bldg.

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KCMO

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.