

FILED MAY 8 1946

Registration District No. 42

Primary Registration District No. 5126

Registrar's No. 400

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Rural, Crawford
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 Miles N.W. of Dearborn, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 6 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles N.W. Dearborn, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer Dudley Gordon,

3. (b) If veteran, name war None, 3. (c) Social Security No. 528-09-9109A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louella Gordon, 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 4th, 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 1 If less than one day
hr. min.

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

10. Usual occupation Salesman

11. Industry or business Armour & Co. Packers,

12. Name Samuel Gordon,

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

14. Maiden name Elizabeth Minor,

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

16. (a) Informant Mrs. E. D. Gordon,

(b) Address R. F. D. Dearborn, Mo.

17. (a) Burial (b) Date thereof 4/7/46,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Turner Cemetery,

18. (a) Signature of funeral director W. H. ...

(b) Address 319 So. 10th. Street,

19. (a) April 10, 1946
(Date received local registrar) (Registrar's signature) W. H. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th.
year 1946. hour 4.00 minute P. M.

21. I hereby certify that I attended the deceased from 27 Mar 46 to 31 Mar 46
that I last saw him alive on 31 Mar 46
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Periodical Hemorrhage 1 week
2. Psychosis Senile

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 W. H. ... (M. D. or other) _____

Address 875 Chestnut St. St. Joseph Date signed 9 April 1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Frank A. Bowman
Licensed Embalmer No. 1710
P. O. Address St. Joseph

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.