S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21144

FILED JUL 8 1946

Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Polk

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

(c) Name of hospital or institution: 4½ miles S. E. of Bolivar (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 75 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Bolivar (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. 4½ miles (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alexander Washington Gorden

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dice Gorden

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Aug. 10. 1854 (Month) (Day) (Year)

8. AGE: Years 91 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Hugh J. Gorden
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Ann Clark
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. W. Gorden

(b) Address Bolivar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Gilead Cemetery

18. (a) Signature of funeral director Erwin Blue

(b) Address Bolivar, Mo.

19. (a) June 19, 1946 (Date received local registrar) (b) Ralph Gorden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15, year 1946 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1946 to June 14, 1946; that I last saw him alive on June 12, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis & heart failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

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 0

23. Signature D. B. McGeard (M. D. or other)

Address Bolivar Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Di... Officer No. 7,
Di... 6-46-681
Date Filed 7-3-46

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, 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.