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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30744

FILED OCT 15 1946

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 157

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

BURIAL PERMIT WAS ISSUED BY THE DEPUTY REGISTRAR AT SARCOXIE, MO.

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution: 704 E. FOURTH /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4½ MO.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JASPER 49

(c) City or town WEBB CITY. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 704 E. FOURTH 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DON MILO GORDON.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife CHILD

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

7. Birth date of deceased MAY 8; 1946
(Month) (Day) (Year)

8. AGE: Years | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace WEBB CITY, MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business

FATHER
12. Name LAWRENCE GORDON
13. Birthplace ARK /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY HAYS.
15. Birthplace GORDON OKLA /
(City, town, or county) (State or foreign country)

16. (a) Informant MARY GORDON.
(b) Address WEBB CITY, MO

17. (a) BURIAL (b) Date thereof 9-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SARCOXIE CEMETARY

18. (a) Signature of funeral director JACKSON & SONS.
(b) Address SARCOXIE, MO

19. (a) OCT. 11; 46 (b) [signature] M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 25
year 1946 hour 10 minute A M.

21. I hereby certify that I attended the deceased from 7/27/46, 19 to 9/25, 1946
that I last saw him alive on 9/14/46, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Inanition	
Due to Atelectasis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 161B	

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] M.D. (M.D. or other)

Address Webb City Mo Date signed 9/26/46

BURIAL PERMIT WAS ISSUED BY THE DEPUTY REGISTRAR AT SARCOXIE, MO.

46-10-867

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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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Lancaster Ohio

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.