S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

38502

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39748

FILED DEC 30 1946

Registration District No. 42 — Primary Registration District No. 5134 — Registrar's No. 1405

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Coryell Cabins Jct. Belt + 36 Hwys (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether

In this community 1 week (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. Jct. Belt + 36 Hwys. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Randall Allen Gordon

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

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

8. AGE:

Years	Months	Days	If less than one day
0	0	7	hr. min.

9. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Adrian L. Gordon
13. Birthplace Stanberry (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Lou Crandall
15. Birthplace Ottumwa (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mr. Roy Crandall

(b) Address Elwood, Ks.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman + Son Inc

(b) Address St Joseph, Mo.

19. (a) 12-23-46 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1946 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from December 8, 1946 to Dec 15, 1946 that I last saw h— alive on Dec 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Failure of Foramen ovale to Close	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

15 E

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 John G Swals (M. D. ~~or other~~)

Address Wathena Kans Date signed 12/15/46

S 42 (Licensed Embalmer's Statement on Reverse Side)

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 Robert R Gaple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.