

**FILED JAN 7 1947**  
Registration District No. **149**

Primary Registration District No. **1002**

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:  
**1316 Euclid**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **71 Years**  
(Specify whether 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. **1316 Euclid**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Ernest S. Gordon**  
(b) If veteran, name war **No**  
(c) Social Security No. **Und.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **12** day **21**  
year **1946** hour **5** minute **15-P.M.**  
21. I hereby certify that I attended the deceased from **Deputy - Corcoran**  
that I last saw him **alive on** \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced **Widowed**  
(b) Name of husband or wife **Nannie Gordon**  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 10, 1875**  
(Month) (Day) (Year)

Immediate cause of death  
**Cardiac Failure**  
**Hypertensive Heart Disease**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**71** **7** **11** hr. \_\_\_\_\_ min.

Other conditions (include pregnancy within 3 months of death) **93 d**

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

10. Usual occupation **Pension**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **no - Permit**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Mance F. Gordon**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **"**  
15. Birthplace **"**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **Loretta Turner**  
(b) Address **1316 Euclid**  
17. (a) **Burial** (b) Date thereof **12/30/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **Reputy - Corcoran**

(c) Place: burial or cremation **Lincoln Cemetery**  
18. (a) Signature of funeral director **Waltham Head**  
(b) Address **1729 Lydia Avenue**  
19. (a) **12-28-46** (b) **S. Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

23. Signature **J. Williams** (M. D. or other)  
Address **2634 - Brooklyn** Data signed \_\_\_\_\_

**12-27-46**

**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 *L Jerome Marlowe*  
Licensed Embalmer No. 3994  
P. O. Address 2503 Highland

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

*04-10 51*