

S. No. 2
M-5-42
7. 5-17-39
P 1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1587**

Registration District No. **160**

Primary Registration District No. **4250 5592**

Registrar's No. **2**

1. PLACE OF DEATH:
(a) County **JEFFERSON**
(b) City or town **RURAL JOACHIM**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **JEFFERSON**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **GLEN PARK**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **CONARD WILLIS GORDON**
(b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **1** day **16**
year **47** hour..... minute..... M.

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 **JAN 10 1947**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **1-10**, 19**47**, to **1-16**, 19**47**
that I last saw him alive on **1-16**, 19**47**
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Septicococci Septicemia
Duration.....

8. AGE: Years Months Days If less than one day
6 hr. min.
9. Birthplace **GLEN PARK MO**
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....
24A
PHYSICIAN
—
—
Underline the cause to which death should be charged statistically.

10. Usual occupation.....
11. Industry or business.....
12. Name **DENNIS GORDON**
13. Birthplace **CUMBERLAND CO. ILL**
(City, town, or county) (State or foreign country)
14. Maiden name **MABEL GEIL**
15. Birthplace **CENTRALIA ILL**
(City, town, or county) (State or foreign country)

16. (a) Informant **DENNIS GORDON**
(b) Address **PEVEY MO R.R. 1**
17. (a) BURIAL (b) Date thereof **JAN 17 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **ST. TRINITY ST. LOUIS CO. MO**

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?..... (a) Means of injury.....

18. (a) Signature of funeral director **HELIOTAC FUNERAL HOME**
(b) Address **KIMMSWICK MO R.R. 2**
19. (a) Jan 17 1947 (b) **Charles Brown**
(Date received local registrar) (Registrar's signature)

23. Signature **Charles Brown** (M. D. or other)
Address **Kimmswick Mo** **Date signed** **1-17-47**

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

0000

RECEIVED
District Health Officer No. 9
District File Number
Date Filed

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 *Elmer Kellogg*
Licensed Embalmer No. *3571*
P. O. Address *Frimmerich, 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.