. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7943

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 416

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Josephs Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Betty Jo Gordon

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

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 March (Month) 16 (Day) 1947 (Year)

8. AGE: Years 0 Months 0 Days 5 If less than one day hr. min.

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

10. Usual occupation ---

11. Industry or business

FATHER
12. Name Wilbur Gordon
13. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Wilma Patton
15. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wilbur Gordon

(b) Address Gallatin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-47 (Month) (Day) (Year)

(c) Place: burial or cremation Winston, Missouri

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Mo.

19. (a) 3-25-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1947 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from 3/20/47, 19, to 3/21/47, 19; that I last saw her alive on 3/21/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Deformity of oesophagus with complete atresia

Due to

Due to

Other conditions Trachea Oesophageal Fistula (Include pregnancy within 3 months of death)

Major findings: Of operations Complete atresia of oesophagus

Of autopsy

Duration: Born 57M Born

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? none (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 P. A. Kniffer (M. D. or other)

Address 825 Charles St Joseph Date signed 3/22/47

382 (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 L. O. Richerson

Licensed Embalmer No. 3307

P. O. Address Gallatin 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.