S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13951

Registration District No. 769 Primary Registration District No. 4258 Registrar's No. 114

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Knox 52
(c) City or town: Edina. /
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Ada Lena Gordon
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F /
5. Color or race: W
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: Oct (Month) - 28 (Day) - 1865 (Year)
8. AGE: Years 81 Months 5 Days 2 If less than one day ..... hr. ..... min.
9. Birthplace: Edina (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Homekeeper
11. Industry or business:
FATHER 12. Name: L.W.Gordon
FATHER 13. Birthplace: Maysville (City, town, or county) Kentucky / (State or foreign country)
MOTHER 14. Maiden name: Mary Jane Baker
MOTHER 15. Birthplace: Edina (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant: Edna E Gordon
(b) Address: Edina Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Linville, Edina, Mo.
18. (a) Signature of funeral director: Keith Hudson
(b) Address: Edina, Mo.
19. (a) Apr.-1-47 (Date received local registrar) (b) Nell L. Hurnut (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: march day: 30 year: 1947 hour: 2 minute: 30 P.M.
21. I hereby certify that I attended the deceased from: march 30, 1947, to: march 30, 1947; that I last saw h.e.r. alive on: march 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) 0
While at work? (e) Means of injury
23. Signature: J. J. Breckenfeld (M. D. or other) DO
Address: Edina, Mo. Date signed: 4/1/47

151 (Licensed Embalmer's Statement on Reverse Side)

OCT 24 1958

RECEIVED
District Health Officer No. 10
District File Number 4-47-697
Date Filed APR 15 1947

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, 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.