No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26081

Registration District No. 737 — Primary Registration District No. 5502 — Registrar's No. 182

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: Rural BEAR CREEK TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home R 2 Montrose
(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: ---

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry 42

(c) City or town: Rural SE of Montrose 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 Montrose 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Charles M. Gordon

3. (b) If veteran, name war: ---

3. (c) Social Security No.: ---

4. Sex: M 0

5. Color or race: W

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

6. (b) Name of husband or wife: Myrtle E. Gordon

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: July (Month) 4 (Day) 1890 (Year)

8. AGE: Years 58 | Months 1 | Days 27 | If less than one day: ... hr. ... min.

9. Birthplace: Bates Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER / FATHER

12. Name: Hugh Gordon

13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

14. Maiden name: Rachel Hayes

15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Wife

(b) Address: Montrose, R.2, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-3-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Oakhill, BUTLER

18. (a) Signature of funeral director: Culver-Underwood

(b) Address: Butler, Missouri

19. (a) 9-3-48 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 19, 1948 to Sept 1, 1948 that I last saw him alive on Sept 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchio pneumonia — Duration: 1

Due to: Starvation and emaciation — Duration:

Due to: Cancer of Liver — Duration:

Due to: — Duration:

Other conditions (Include pregnancy within 3 months of death): ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED — Duration:

Major findings: Of operations: 2 — Of autopsy: 1

PHYSICIAN

Underline the cause of 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: 0

23. Signature: R L Hansen (M. D. or other) MD

Address: Appleton City Date signed: 9-2-48

(Licensed Embalmer's Statement on Reverse Side) 0 mw

Jefferson City Printing Co.

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

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1037
Date Filed 9-7-48

AUG 23 1948

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.

No. 2B
5-43
X28930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept 1

Registration District No. 137 Primary Registration District No. 5502 Registrar's No. 182

1. PLACE OF DEATH:
(a) County Henry (b) City or town Quasi
(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

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

3. (a) PRINT FULL NAME Charles M. Gordon
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased July 4 1860
(Month) (Day) (Year)

8. AGE: Years 58 | Months 1 | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) No (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 1
year 1918 hour minute M.

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

	Duration
Immediate cause of death unknown	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations 55 L
Of autopsy

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 R. L. Hunsaker (M. D. or other) MD
Address Appleton City Mo. Date signed 9-11-18

SUPPLEMENTARY

S-26081
1948