No. 8
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40624

Registration District No. 172 — Primary Registration District No. 3034 — Registrar's No. 81

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Higginsville, (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
In this community eight years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Higginsville, Missouri. (If outside city or town limits, write "RURAL")
(d) Street No. 1703 Walnut (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Oma Stoneroad Gordon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John P. Gordon
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Jan (Month) 10 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
80	10	26	hr. min.

9. Birthplace Merced County, California (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name N. B. Stoneroad
13. Birthplace Mobile, Ala. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucy Dickinson
15. Birthplace Independence, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant John P. Gordon
(b) Address Higginsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Mo.
18. (a) Signature of funeral director [signature]
(b) Address Higginsville, Mo.
19. (a) Dec 14-1948 (Date received local registrar) (b) Clayton W. Landrum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6 year 1948 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from Jan 1947 to Dec. 6, 1948 19..., that I last saw her alive on Dec. 6, 1948 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	3 days.
Due to Hepatic carcinoma with metastasis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

46F

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 E M Moore (M. D. or other)
Address Higginsville, Mo. Date signed 12-10-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 12-28-48

SEP 8 1953

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 Robert Rees Rhoy

Licensed Embalmer No. 4284

P. O. Address Higginsville, 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.