

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15884
1983

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|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u> | | | |
| c. LENGTH OF STAY (in this place) <u>60 Yrs</u> | | | | d. STREET ADDRESS (If rural, give location) <u>307 N White St</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Clara</u> b. (Middle) <u>Bell</u> c. (Last) <u>GORDON</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1949</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>2-21-1875</u> | |
| 9. AGE (In years last birthday) <u>74</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | 11. BIRTHPLACE (State or foreign country) <u>Springfield Mo</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Practical Nurse</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Allison</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Emma Beason</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Charles Gordon</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Clarence Allison 307 N White</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Sclerosis</u> ANTECEDENT CAUSES (b) <u>Cerebral Hemorrhage</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>331X</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Circulatory Failure</u> | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>April 28, 1949</u> , to <u>May 5, 1949</u> , that I last saw the deceased alive on <u>April 5, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Gertrude Stevens</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>117 1/2 E. Lincoln</u> | | 23c. DATE SIGNED _____ | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-7-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY: <u>Forest Hill Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>5-6-49</u> | | REGISTRAR'S SIGNATURE <u>Gertrude Stevens</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France Wornall Funeral Home</u> | | | |

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Russell W. Franco*.....

Licensed Embalmer No. *4255*.....

P. O. Address *K. C. M.*.....

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.