

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 16 1941

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
(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 40 years (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Clinton
(If outside city or town limits, write "RURAL")
 (d) Street No. North Main Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Eliza Jane Gordon

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Rev. Gordon 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
Approximately 79 years.

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

10. Usual occupation housekeeper

11. Industry or business _____

MOTHER FATHER
 12. Name Armedead Allen
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Armedead Allen
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edolphus Gordon

(b) Address 116 Mission Road, Pasadena, Kansas

17. (a) Burial (b) Date thereof Dec 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colored Cemetery

18. (a) Signature of funeral director Spencer

(b) Address Clinton, Missouri

19. (a) Dec. 31 1940 (b) Dr. J. R. Humphreys
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
 year 1940 hour 5 30 minute _____ PM M.
 21. I hereby certify that I attended the deceased from 11-14, 1940, to 12-24, 1940
 that I last saw her alive on 12-24, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis Duration 1 yr.
 Due to Ch. glomerular nephritis 1 yr.

Other conditions (include pregnancy within 3 months of death) 781

Major findings: Of operations _____ Of autopsy _____
 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? 312

23. Signature Eugene D. Heards (M. D. or other) MD
 Address Clinton, Mo. Date signed 12-27-40
(Specify type of place) While at work? (e) Means of injury

RECEIVED

District Health Officer No. 7,

District File Number 1-41-21

Date Filed 1-3-41

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 R. P. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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, above space should be left blank.