

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REG. MAY 18 1938

14202

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
 (b) Township _____ Primary Registration District No. 3008 Registered No. 104
 (c) City Fulton, (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Broad Jordan

(a) Residence, No. Tebbetts, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Clem Jordan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D. K.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 ? ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) D. K. 11. Total time (years) spent in this occupation D. K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County

13. NAME George Jordan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Cynthia Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Tebbetts DATE Apr. 22, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen J. Maupin
Mokane, Mo

20. FILE NO. Apr 21, 1938 R. W. Smead
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938 to April 20, 1938

I last saw him alive on April 20, 1938 Death is said to have occurred on the date stated above, at 9:50 A. M.
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset D. K.
121
 Other contributory causes of importance:
Senile dementia D. K.
Hypostatic pneumonia D. K.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____; 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Jas. R. Mulkey M. D.
Jas. R. Mulkey M. D.
Fulton, Missouri

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.

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,

Glen J. Mauhin

or by

Registered Apprentice No., working under my personal supervision.

Signed

Glen J. Mauhin

Licensed Embalmer No.

2725

P. O. Address

Mokane 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.