REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24431

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 399

(b) Township Kaw — Primary Registration District No. 1097 — Registered No. 2936

(c) City Kansas City, Mo. — (d) Street No. Research Hosp. 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. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rudolph T. Jordan — Rudolph Gottlieb Jordan

(a) Residence, No. Gilliam Mo St. (Usual place of abode, if no street address, write county or city) — (If nonresident, give city or town and State) 6 25

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: Annette Jordan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 15 1866

7. AGE: 71 YEARS — MONTHS: 3 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sabine Co. Cambridge Mo 0

FATHER

13. NAME: John Jordan 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER

15. MAIDEN NAME: Mary Erslaher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs R. G. Jordan Gilliam, Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Slater Mo. DATE: July 22, 1938

19. FUNERAL DIRECTOR (NAME): Mrs. C. L. Forster (ADDRESS): 918 Brooklyn Avenue, K.C.Mo.

20. FILED: July 21, 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2:30 A.M. July 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938 to ....., 19.....

I last saw him alive on 7-20, 1938. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum	1937

Other contributory causes of importance:

Metastatic Carcinoma Liver ?

Name of operation: Colostomy — Date of operation: July 21

What test confirmed diagnosis? Clinical — Was there an autopsy? yes

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) C. J. Hunt, M. D.

(Address) Prof Bldg K.C. Mo

Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINS WITH UNFADING INK—THIS IS A PERMANENT RECORD

X14028

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.....

Licensed Embalmer No.....

P. O. Address.....

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.