

REC'D SEP 28 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH29766
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 696
 (b) Township Carroll Primary Registration District No. 5924 Registered No. 19
 (c) City..... (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Scott P. Jordan 6:35
 (a) Residence, No. 810 S. Broadway Leavenworth Mo. (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 Ann King
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 10 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager
 9. Industry or business in which work was done, as saw mill, bank, etc. Lebanon Post Office
 10. Date deceased last worked at this occupation (month and year) Aug. 30, 1938 11. Total time (years) spent in this occupation 4 mos.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Ark.

FATHER 13. NAME W. J. Jordan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER 15. MAIDEN NAME Eva Moore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Mrs. Ann Jordan
810 S. Broadway Leavenworth

18. BURIAL, CREMATION, OR REMOVAL PLACE Platteville Ark. DATE 10-2-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. F. Poccino
Platteville, Mo.

20. FILED 9/9 1938 Mrs. Julia E. Murray
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9 never attended him, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9 P. m.

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

Result of auto accident
severe head injury
with probable
fractures of base of skull
fractures in Cr.

Other contributory causes of importance:

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? Accident Date of injury 8-30, 1938

Where did injury occur? 2 1/2 miles S. Junction of

71+35 (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On highway

Manner of injury Auto accident

Nature of injury Head on collision

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) James H. Ward Acting Comm. M. D.

(Address) Justice of Peace - Parkville Mo

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,

L.H. Rocca

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

L.H. Rocca

Licensed Embalmer No. 1306

P. O. Address Platts City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29766
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 696
(b) Township Carroll Primary Registration District No. 5924 Registered No. _____
(c) City _____ (d) Street No. _____
(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

Scott R. Jordan
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 10 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 10/0 38 Mr. Francis E. Drury Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.
I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
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? _____
If so, specify _____
(Signed) James L. Ward M.D. (Address) Parquette

SUPPLEMENTARY

REGISTRATION FEE \$4 A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-29766