

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

1833
 Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH
 (a) County Callaway Registration District No. 109
 (b) Township Summit Primary Registration District No. 515-2A Registered No. 654
 (c) City Holt Summit (d) Street No. 54 Highway north 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 Lee Jordan
 (a) Residence, No. Holt Summit mo. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Jordan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 11 27

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. farmer
 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) Morgan, Co. Mo.
 13. NAME John Jordan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho
 15. MAIDEN NAME Elizabeth Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

17. INFORMANT (ADDRESS) Mrs Lee Jordan Holt Summit mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE Jan 25 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Benches Funeral Home Jefferson City, mo
 20. FILED Jan 16 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1939
 22. I HEREBY CERTIFY That I attended deceased from 12-26 1928 to 1-23 1939.
 I last saw him alive on 1-23 1939. Death is said to have occurred on the date stated above, at 5-2 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1928
Coronary Thrombosis 1-22-39
 59
 Other contributory causes of importance:
Diabetes Mellitus 1932

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no
 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
 (Signed) D. W. Gilman, M. D.
 (Address) Jefferson City Mo

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,

Victor Breacher

, or by

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

Signed

Victor Breacher

Licensed Embalmer No.

3701

P. O. Address

Jefferson City

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.