

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

**9546**  
Do not use this space.

REC'D APR 17 1939

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Law Primary Registration District No. 1002 Registered No. 1152  
 (c) City Kansas City (d) Street No. Gen Hospital # 2 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**

(a) Residence, No. \_\_\_\_\_ St.  Little Rock, Ark.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1912

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
27 2 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed  
 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) Little Rock, Arkansas

FATHER 13. NAME Harry Jordan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock, Arkansas

MOTHER 15. MAIDEN NAME Edwina Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock, Arkansas

17. INFORMANT (ADDRESS) Harry Jordan, Little Rock, Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Rock, Ark. DATE 3/14/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) West Appleton Funeral Home, 11905 West

20. FILE NO. 14-39 M. M. Brown

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-39 1939

22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:  
Shot wound of left groin  
Traumatic shock  
 Date of onset 1939

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Homicide Date of injury 3-7-39

Where did injury occur? K.C. Mo.  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot while attempting  
 Nature of injury to rob

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) W. H. Mather M. D.

(Address) Gen. Hosp., K.C. 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, \_\_\_\_\_

or by \_\_\_\_\_

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

Signed \_\_\_\_\_

Licensed Embalmer No. 2710

P. O. Address 1905 Vine, et.

**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.**