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.

REC'D APR 11 1939

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

10073
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township Washington
(c) City St. Joseph
(d) Street No. 215 W. Pauline 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.

Registration District No. 3
Primary Registration District No. 1
Registered No. 228

2. PRINT FULL NAME Herman G. Jordan
(a) Residence, No. 813 Dewey St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

635

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2nd. 1877

7. AGE: YEARS 61 | MONTHS 6 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Engineer
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) Lexington, Mo.

FATHER
13. NAME John Jordan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Dudley Garver 215 W. Pauline St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 3-9- 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
(ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED Mar 8, 1939 H. J. Neddlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7th. 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7th, 1939, to ....., 19....
I last ~~saw him alive on~~ ....., 19.... Death is said to have occurred on the date stated above, at 11.15AM
The principal cause of death and related causes of importance were as follows:
Angina Pectoris

Date of onset

94a

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? History 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
If so, specify .....
(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp.

Licensed Embalmer No. 3986

P. O. Address St. Joseph.

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.