

REC'D JUN 8 1939

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

18138

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
 (b) Township Washington Primary Registration District No. 5127
 (c) City St. Joseph (d) Street No. S. 11th St. Road 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 53 yrs. 3 mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME IVAL JORDAN

(a) Residence, No. S. 11th St. Road 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 17th, 1886</u>		
7. AGE <u>53</u>	YEARS <u>3</u>	MONTHS <u>13</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>clerk</u>		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) <u>Gower</u> (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>Thomas Jordan</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Gower</u> (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Unknown Beck</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Gower</u> (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>E. A. Thornton</u> (ADDRESS) <u>S. 11th St. Road St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gower, Mo.</u> DATE <u>May 11th, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>FLEEMAN & SON INC.</u> (ADDRESS) <u>1946 Galhoun St. Joseph, Mo.</u>		
20. FILED <u>May 12, 1939</u> <u>Myrtle M. Houser</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939 to May 10, 1939
 I last saw him alive on May 9, 1939 Death is said to have occurred on the date stated above at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:

<u>Coronary Sclerosis</u>	<u>1938</u>
<u>& Angina Pectoris</u>	<u>1938</u>
<u>Myocarditis - chr.</u>	<u>1938</u>
<u>Myocardial infarct</u>	<u>2/10/39</u>
<u>Insufficiency</u>	

Other contributory causes of importance:
None

Name of operation None Date of None
 What test confirmed diagnosis? clinical 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) J. T. Clooney M. D.
 (Address) 1218 N. 3rd St.

RECEIVED

District Health Officer

District No Number

39-625

Date Filed

JUN 6

1939

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.....

myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Ruff

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.