

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

35023
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kan Primary Registration District No. 100 Registered No. 3998
 (c) City Kansas (d) Street No. Cleveland + Nicholson Ave 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 John Jordan
 (a) Residence, No. 1621 Broadway St. Louis Mo. St. Louis, Mo
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown 5 years</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1894</u>			
7. AGE <u>45</u>	YEARS	MONTHS	DAYS
			If LESS than 1 day, hrs. or min.
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. <u>Ex train man</u>		
	10. Date deceased last worked at this occupation (month and year)		
			11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
	13. NAME <u>Unknown</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
MOTHER	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Baylet Smith St. Louis, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>Oct 18 39</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Carantins Bros 12 C Mo</u>			
20. FILED <u>Oct 18 1939</u> <u>M. M. Crowe</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct 12 1939</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>19</u> to <u>19</u>	
I last saw him alive on <u>Sept 12 1939</u>	
The primary cause of death and related causes of importance were as follows: <u>Railroad Traumatism</u> <u>Abdominal laceration</u>	
Other contributory causes of importance: <u>207 m</u>	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury <u>10-12-39</u>	
Where did injury occur? <u>K. C. Mo</u> (Specify city or town, county, and State)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>Ran over by train</u>	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
(Signed) <u>Walter H. Water</u>	M. D.
(Address) <u>K. C. Mo</u>	

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

202M-1-12-39
U. S. No. 2
I X 14023

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,

Park Rowe

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Park Rowe

Licensed Embalmer No. *2347*

P. O. Address *341 Indiana Ave. KC?*

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.