

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.

NOV 24 1939

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

36213
Do not use this space.

1. PLACE OF DEATH

(a) County Holt Registration District No. 373

(b) Township _____ Primary Registration District No. 4219 Registered No. 14

(c) City Oregon (d) Street No. Holt Co. Jail St. _____

(e) Length of residence in city or town where death occurred yrs. 2 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Jordan

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>11</u>	<u>29</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown

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) N.M.O. S

FATHER

13. NAME Van Krown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Krown 9

MOTHER

15. MAIDEN NAME Van Krown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record at Holt County Sheriff's

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo. DATE Oct 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pettyjohn Penrod Lince

20. FILED Oct 11 1939 Ralph C. Moore Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1939.

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1939, to Oct 8 1939. I last saw him alive on Oct 8 1939. Death is said to have occurred on the date stated above, at 11:40 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 10/6/39

Other contributory causes of importance: None. Died in jail

Name of operation _____ Date of _____

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 _____, 1939

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 no injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) E. F. Kearney, M. D.

334 (Address) Oregon Mo

Health Officer No. 11
District File Number 1139-1544
HBV 12 1939

RECEIVED
STATE OF OREGON
DEPARTMENT OF HEALTH
JAN 12 1940

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 Ralph E. Moore

Licensed Embalmer No. 1743

P. O. Address Oregon, Mo.

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.

