REC'D NOV 24 1939

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

36787
Do not use this space.

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13
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1. PLACE OF DEATH
(a) County Nodaway Registration District No. 630
(b) Township Monroe Primary Registration District No. 4380 Registered No.
(c) City Skidmore Mo (d) Street No. 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 33 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

635

2. PRINT FULL NAME Leonard D. Jordan
(a) Residence, No. Skidmore Mo St.
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Florence
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4 - 1868
7. AGE 70 YEARS 70 MONTHS 10 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hardware Store
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) Henry County Illinois

FATHER
13. NAME Basil Jordan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Elizabeth Booker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Earl F. Jordan Skidmore Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Maryville Mo DATE Oct 31, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home 951 South Main Maryville Mo
20. FILED Oct 31, 1939 Dr. J C Manning 561 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to Oct 29, 1939
I last saw him alive on Oct 29, 1939. Death is said to have occurred on the date stated above, at 11:50 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

Other contributory causes of importance: 46

Name of operation Date of
What test confirmed diagnosis? X Ray Was there an autopsy?

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?
If so, specify
(Signed) J C Manning M. D.
(Address) Skidmore Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET, WITH UNFADING INK — ... EXAMINATION ...

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RECEIVED
District Health Officer No. 18d
State File Number 1139-1563
Date Filed NOV 15 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, W. Dean Campbell, or by .....,

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

Signed W. Dean Campbell

Licensed Embalmer No. 56 22

P. O. Address Maryville 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.