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

42602
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew, Registration District No. 13
(b) Township..... Primary Registration District No. 4010 Registered No. 79
(c) City Savannah, (d) Street No. Dr. Nichols Sanitorium 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 635 Florence Isabel Jordan,

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. Jewell, Kansas, (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1874

7. AGE YEARS 65 MONTHS 8 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
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) Pittsford, Vermont,

FATHER 13. NAME George Durkee,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Vermont,

MOTHER 15. MAIDEN NAME Mary Stratton,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Vermont,

17. INFORMANT (ADDRESS) Frank Jordan, Jewell, Kansas,

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamestown, Ks. DATE Dec. 25th, 1939

19. FUNERAL DIRECTOR (ADDRESS) Frank A. Bowman, Savannah, Mo.

20. FILED Dec. 23, 1939 Mrs. Jennie Rash, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1939

22. HEREBY CERTIFY, That I attended deceased from Dec 11, 1937 to Dec 23, 1937
I last saw her alive on Dec 23, 1937 Death is said to have occurred on the date stated above, at 1:19 p.m.

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

acute Myocarditis 12/23/39

Other contributory causes of importance: 930

Name of operation Physical Examinee Date of 12/23/39
What test confirmed diagnosis? Physical Examinee 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 St. Mary's M. D.
(Signed) 934 (Address) Savannah Mo.

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.

RECEIVED

District Health Officer No. 11

District File Number 140-1887

Date Filed JAN 12 1940

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STATEMENT BY LICENSED EMBALMER

I, Wm E Summerfield Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me Dec, 23, 1939

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Wm E Summerfield
Licensed Embalmer No. 3007

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.)