

DEC 16 1940
Registration District No. **609**

Primary Registration District No. **4363**

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.

1. PLACE OF DEATH:
(a) County **NEWTON**
(b) City or town **NEOSHO**
(c) Name of hospital or institution: **REYNOLDS HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
In this community **20 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MAUDE JORDAN**
3. (b) If veteran, **L** **3. (c) Social Security name war** **No.**

4. Sex **FEMALE** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Widow**
6. (b) Name of husband or wife **NOT KNOWN** **6. (c) Age of husband or wife if alive** **years**
7. Birth date of deceased **April 17 1867**
(Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **19** If less than one day hr. min.

9. Birthplace **Cassville MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business
12. Name **John Trim**
13. Birthplace **Jenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Place**
15. Birthplace **Jenn**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **W J Price**
(b) Address **Neosho Mo**

17. (a) Cassville, Mo **(b) Date thereof** **11-8-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **BURIAL**

18. (a) Signature of funeral director **J. B. ...**
(b) Address **Neosho Mo**

19. (a) 12-3-40 **(b) ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **NEWTON**
(c) City or town **NEOSHO**
(If outside city or town limits, write "RURAL")
(d) Street No. **REYNOLDS HOSPITAL**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **NOV** day **6**
year **1940** hour **11** minute **45 PM**
21. I hereby certify that I attended the deceased from **Sept 20**
1940, to **Nov 6**, **1940**
that I last saw her alive on **Nov 6**, **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage (Apoplexy)**
Due to **Arteriosclerosis**
Due to _____
Other conditions **J. B. ...**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **none**
Of operations _____
Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
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While at work? _____ (Specify type of place)
Means of injury _____
23. Signature **J. R. Reynolds** (M. D. or other) **M.D.**
Address **Neosho Mo** Date signed **12-1-40**

RECEIVED

District Health Officer No. 6,

District File Number 1240-3014

Date Filed DEC 13 1911

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.....

Donald Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed

J. Bigham

Licensed Embalmer No. 2689

P. O. Address Wesbo 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.