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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7149

Registration District No. 403 Primary Registration District No. 42 38 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Raytown (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R3 K.C. Mo. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City. (If outside city or town limits, write "RURAL")

(d) Street No. 3532 Baltimore (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

48
3
8
0

3. (a) PRINT FULL NAME Mrs. Elizabeth Stewart Jordon

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Jan. (Month) 2 (Day) 1875 (Year)

8. AGE: Years 66 Months 1 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) New York (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business X

FATHER
12. Name Archibald Stewart
13. Birthplace Portland (City, town, or county) Maine (State or foreign country) 1

MOTHER
14. Maiden name Rose M. Donnelly
15. Birthplace Portland (City, town, or county) Maine (State or foreign country) 1

16. (a) Informant T. G. McCarthy

(b) Address Pueblo, Colo.

17. (a) Removal to (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Pueblo, Colo.

18. (a) Signature of funeral director O. Clark Hegert

(b) Address Raytown, Missouri

19. (a) Feb. 5, 1941 (Date received local registrar) (b) D. M. Eubank M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day FEB year 1941 hour 8 15 minute P. M.

21. I hereby certify that I attended the deceased from Feb 28, 1941, to 2-14-, 1941 that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death LOBAR PNEUMONIA	48 hrs.
Due to CIRROSIS of LIVER WITH ACITES.	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. L. Loffoo (M. D. or other)

Address Raytown Mo Date signed 2-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3983.

P. O. Address Raytown 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.