No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECD MAR 17 1941

Registration District No. 416

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5571

7294

State File No.

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community About 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Sarcoxie, Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth A. Jordan

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Joshua

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

7. Birth date of deceased August 16 (Month) 1860 (Day) (Year)

8. AGE: Years 80 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Jennings Co. (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Robert Tweedy
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Carson
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant William T. Jordan
(b) Address Sarcoxie, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation Oklahoma City, Okla

18. (a) Signature of funeral director Roland C. Engelage
(b) Address Sarcoxie, Missouri

19. (a) Feb. 24 1941 (Date received local registrar) (b) Mrs Irma Broadaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 24
year 1941 hour 3 o'clock minute A M.

21. I hereby certify that I attended the deceased from Jan. 6 1941, to Feb. 24 1941; that I last saw her alive on Feb 24 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Endocarditis	month
Due to: Chronic cardiac asthma & influenza	
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 [illegible] (M. D. or other) D
Address Sarcoxie Mo. Date signed 2-24-41

(Licensed Embalmer's Statement on Reverse Side)

41-3-228

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.