

Registration District No. 104 Primary Registration District No. 3008 State File No. _____
Registrar's No. 109

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Fulton
(c) Name of hospital or institution State Hospital # 19
(d) Length of stay: In hospital or institution 1 yr. 6 mo. 8 da
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Afred Jordan
3. (b) If veteran, name war _____
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8th
year 1941 hour 9:00 minute 10 PM

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lillie Jordan
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April Sept 8 19-1857 941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 6 1941
to Apr 8 1941
that I last saw him alive on April 8 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 6 19 hr. _____ min.

Immediate cause of death Bronchopneumonia Duration 2 da.
Due to _____
Due to _____

9. Birthplace Wisconsin
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Harrison Jordan
13. Birthplace Unknown
14. Maiden name Lucinda Waller
15. Birthplace Unknown

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Vera Bernato
(b) Address 920 Linden Ave Hannibal
17. (a) Removal (b) Date thereof Apr 9 1941
(c) Place: burial or cremation Hannibal MO
18. (a) Signature of funeral director Ray Schwartz
(b) Address 1000 Broadway Hannibal
19. (a) 7-9-41 (b) R. N. Crews

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Ext Barnett (M. D. or other) MD
Address State Hospital #1 Date signed 4/9/41

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

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 *Cecile Schwartz*

Licensed Embalmer No. *699732*

P. O. Address.....

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, fact should be so stated above.