. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27326

Registrar's No. 2984

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

1838

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: General Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-15-41-8-2-41 (Specify whether years, months or days)

In this community not specified

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wyandotte 998

(c) City or town: Kansas City 15 (If outside city or town limits, write "RURAL")

(d) Street No. 1021 New Jersey - K. C. Kansas (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: LULA JORDAN

3. (b) If veteran, name war: —

3. (c) Social Security No. —

4. Sex: Female

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife: Sister - Lizzie Moore

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

7. Birth date of deceased: June (Month) unk. (Day) 1911 (Year)

8. AGE: Years	Months	Days	If less than one day
30	2		hr. min.

9. Birthplace: / Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: none

11. Industry or business:

FATHER 12. Name: ~~Deceased~~ Alexander Jordan

13. Birthplace: Nashville / Tenn (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Deceased Lulu McCray

15. Birthplace: unk. (City, town, or county) (State or foreign country)

16. (a) Informant: Patient

(b) Address: 1021 New Jersey -K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 7 41 (Month) (Day) (Year)

(c) Place: burial or cremation: Highland

18. (a) Signature of funeral director: Adkins Bros.

(b) Address: 2000 E. 12th

19. (a) 8/6/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1941 hour 5 minute 45p.m.

21. I hereby certify that I attended the deceased from 5-15-41, 19..., to 8-2-41, 19...; that I last saw her alive on 8-2-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary embolism	
Due to: acute pulmonary embolism	
Due to:	
Other conditions: Secondary to fibroid (Include pregnancy within 3 months of death)	

Major findings: Of operations: massive - 15 lb. fibroid uteri

Of autopsy: None

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)

Address: [illegible] Date signed 8/4/41

(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 Edrol S Evans

Licensed Embalmer No. 3836

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.