

No. 2
4-41
17-39
X28390

FILLED OCT 13 1941
Registration District No. **299**

Primary Registration District No. **1002**

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:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **X8**

(c) City or town Kansas City **9**
(If outside city or town limits, write "RURAL.")

(d) Street No. 15 East 65th Street **8**
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mr. Myron Dal Jordan

3. (b) If veteran, name war No

3. (c) Social Security No. 563-16-6128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1941 hour 4 minute 34 a.m.

21. I hereby certify that I attended the deceased from Aug 17 1941 to Sept 18 1941

that I last saw h^e alive on Sept 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

4. Sex Male (1) 5. Color or race White

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec 13 1874
(Month) (Day) (Year)

Due to Hypertension & cerebral arteriosclerosis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

8. AGE: Years 66 Months 9 Days 5
If less than one day hr. min.

9. Birthplace College Hill, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Lumber Merchant

11. Industry or business Sparks-Jordan Lumber Co.

12. Name John D. Jordan

13. Birthplace Camden, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Weaver

15. Birthplace Stephens, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant John D. Jordan

(b) Address 6512 Jefferson Street

17. (a) Removal (b) Date thereof Sept. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pasadena, California

18. (a) Signature of funeral director S. H. Weaver

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/18/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(g) Means of injury _____

23. Signature Donald Black (M. D. or other) 0

Address 929 N. 15th St. K. Mo. Date signed 9/18/41

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

Mc

Newcomer,

Dr. W. H. Blair
Research Station

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

W. H. Newcomer

Licensed Embalmer No. *4043*

P. O. Address *K. C. 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, fact should be so stated above.