FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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35146
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
(a) County: IRON — Registration District No.: 1034
(b) Township: LIBERTY — Primary Registration District No.: 5547 — Registered No.: 9
(c) City: — (d) Street No.: , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 76 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: NANCY OLIVIA JORDAN
(a) Residence, No.: CARVER CREEK RURAL CHLORIDE St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: VINCENT JORDAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 3, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): CHLORIDE Mo

FATHER
13. NAME: John Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Helen Chitwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Sam Jordan, Chloride, Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Carver Creek — DATE: Oct 2, 1941
19. FUNERAL DIRECTOR (ADDRESS): White and Sons, Stanton, Mo
20. FILED: Oct 12, 1941 — Mrs Julia Creed, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 1, 6 P.m. 1941
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at Oct 1, 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Old age and no medical attendant	
162 P	

Other contributory causes of importance: Her old father was a Civil War Veteran and Dont Have Medical Ser
Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Death at Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: Died of old age
(Signed) W. A. Raffetto Coroner, M. D.
(Address) Desoto Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1949

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)