

DEC 22 1941 399
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4114

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:
1121 E. 17th. St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Over ten years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1121 E. 17th. St (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lettie Powell Jordan

3. (b) If veteran, name war, no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced yes
6. (b) Name of husband or wife Charles Jordan 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased May 5-1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 07 Days 29 If less than one day
hr. _____ min.

9. Birthplace Kilmashel Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Deputy Assessor

11. Industry or business _____

MOTHER FATHER { 12. Name Sidney Powell

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

14. Maiden name Minnie Curtis

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

16. (a) Informant Alonza Powell

(b) Address 1210 E. 18 St

17. (a) Burial (b) Date thereof 11-5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West Appleton

(b) Address _____

19. (a) 11-5-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 2nd,
year 1941 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from
Oct 31, 1941 to Nov 2, 1941
that I last saw him alive on Nov 2, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Apoplexy Duration 72 hrs.

Due to Cerebral Hemorrhage

Due to Hypertension

Other conditions 83a
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 473 of Will St Date signed 11/4/41

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

458
Schubert

458
Schubert

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 *C. H. West*

Licensed Embalmer No. *2710*

P. O. Address *Kansas City*

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.