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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1290

State File No. _____

103

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 3621 Fremont 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 yrs.
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Luella Jordan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe 5. Color or race wh

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

6. (b) Name of husband or wife Josph Jordan

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Sept 9 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>3</u>	<u>28</u>	hr. min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John Harrison Pa 1

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

14. Maiden name Mannie Yeager Pa 1

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

16. (a) Informant Clyde Jordan

(b) Address 3604 Fremont

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Brookings

18. (a) Signature of funeral director Mrs C R Foster

(b) Address 918 Brooklyn

19. (a) 1-9-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁰

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

(d) Street No. 3621 Fremont Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1942 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 26, 1941, to Jan 8, 1942, that I last saw her alive on Jan 8, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 11 days

Due to Coronary arteriosclerosis → unknown

Due to 94a

Other conditions (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 W. W. J. Foster other _____

Address _____ Date signed 1/8/42

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed L. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City, 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.