S. No. 2
M—9-4-41
r. 5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

Registration District No. 379

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9688

Registrar's No. 1068

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: 38IO College 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0

(d) Street No. 38IO College
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME James W Jordan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary T. Jordan

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

7. Birth date of deceased December (Month) I6 (Day) 11 I85I (Year)

8. AGE:

Years	Months	Days	If less than one day
90	2	28	..... hr. ..... min.

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

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name Unknown Jordan
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Byron F. Jordan

(b) Address 726 E. Meyer Blvd

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. I5 I942 (Month) (Day) (Year)

(c) Place: burial or cremation Peoria, Illinois

18. (a) Signature of funeral director D W Newcomer's Sons

(b) Address 1401 Bush Creek K.C. Mo

19. (a) 3/17/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1942 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from March, 1941, to Mar 14, 1942
that I last saw him alive on March 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to .....

Due to Senile dementia

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

107

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 0

23. Signature Amin Bonhos (M. D. or other)

Address 420 Argyle K.C. Mo Date signed 3-14-42

(Licensed Embalmer's Statement on Reverse Side)

3112 Linwood

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.