V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No. 398

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3019

State File No. 10956

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 400 North Delaware
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 048 4 4

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

(d) Street No. 400 North Delaware
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs Mary Jordan

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased April (Month) 12 (Day) 1860 (Year)

8. AGE: Years 81 Months 11 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation House Wife

11. Industry or business —

FATHER
12. Name John Downey
13. Birthplace Ava (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Hetty Lenox
15. Birthplace Waupakonete (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mr John Jordan
(b) Address 400 N. Delaware St Independence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Ott E Mitchell
(b) Address 310 N. Main St. Independence Mo

19. (a) 3-16-42 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 14
year 1942 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Feb 26, 1942 to Mar 13, 1942
that I last saw her alive on Mar 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to

Due to

94°

Other conditions Had been confined to bed with a slight cold & expired in night while asleep.
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy no autopsy

Duration: Died while asleep in night

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature C H Allen (M. D. or other) MD

Address Independence Mo Date signed 3-14-42

1163

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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.