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DM-1-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14703
Registrar's No. 43

Registration District No. 713-431

Primary Registration District No. 5588

51
51
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town 1 1/2 miles west of Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month, 17 days. (Specify whether
In this community 1 month, 17 days. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Unknown 999
(c) City or town Fort Madison 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2519 Avenue L 0
(If rural, give location)
(e) Citizen of foreign country? No 7 (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Alma M. Jordan
3. (b) If veteran, name war --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4
year 1942 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from --- 19 --- to --- 19 ---
that I last saw --- alive on --- 19 ---
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if
alive --- years
7. Birth date of deceased August 4 1918
(Month) (Day) (Year)

Immediate cause of death Extensive fracture of skull, internal injuries and a fracture of right leg, all as a result of an xxx automobile accident when the auto- mobile in which she was riding struck xxx the Post Oak Bridge, one and one- half miles west of Warrensburg, Mis- sissippi on Highway # 50.
Duration ---
Due to ---
Due to ---
(If not possible, state cause of death)

8. AGE: Years Months Days If less than one day
23 8 0 --- hr. --- min.

9. Birthplace Marceline Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse N-732694 2nd Lt.

11. Industry or business U.S. Army Nurse Corps

MOTHER FATHER { 12. Name Mr. Joe Jordan 7
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 7

16. (a) Informant Military Records,
(b) Address Ft. Leonard Wood, Mo.

17. (a) REMOVAL (b) Date thereof 4-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Madison Ia
18. (a) Signature of funeral director John Black
(b) Address Rolla, Mo

19. (a) 4/6/42 (b) Thomas B. Dominick
(Date received local registrar) (Registrar's signature)

Major findings: None performed
Of operations None performed
Of autopsy as above
100-8
21
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) Auto Accident
(b) Date of occurrence April 4, 1942. 051
(c) Where did injury occur? 1 1/2 miles west Warrensburg, Johnson, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State maintained highway # 50.
While at work? No (Specify type of place) (e) Means of injury Auto/Bridge
23. Signature Thomas B. Dominick (M. D. or other) 1511mc
Address Sta Hosp, Ft. Leonard Wood, Mo. Date signed 4/6/42

10011

MAY 5 1942

MAY 11 1942

RECEIVED

Pulaski County Health Officer

File Number 42-133

Date Filed 4-20-42

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.....

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

Signed *Gene H. Clark*
Licensed Embalmer No. *4716*
P. O. Address *Talla*

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.