

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2540

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:
3014 East 20th St. Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 32 (Specify whether years, months or days)

In this community: 32

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 31
(If outside city or town limits, write "RURAL")

(d) Street No.: 3014 - E - 20th Terrace
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) _____
If yes, name country: _____

3. (a) PRINT FULL NAME: Henry Zeiber Jordan

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1942 hour 5 minute 0 M.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Lillian Jordan

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: Aug 3 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 29 1942 to July 4 1942
that I last saw him alive on July 3 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>11</u>	<u>0</u>	hr. _____ min.

Immediate cause of death: Acute Hemorrhage 2 days

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

Due to: Cerebral hemorrhage

10. Usual occupation: Retired Salesman

Due to: 830

11. Industry or business: Jones Store co.

Other conditions: _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name: Obe Jordan

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

14. Maiden name: Mary Zeiber

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

PHYSICIAN

Major findings: none

Of operations: _____

Of autopsy: none

Underline the cause to which death should be charged statistically.

16. (a) Informant: Lillian Jordan

(b) Address: 3014 East 20 St Terrace

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? _____

17. (a) Removal (b) Date thereof: July 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wathena Kansas

18. (a) Signature of funeral director: Mrs C.L. Forster

(b) Address: 918 Brooklyn

19. (a) July 4 1942 (b) M. M. Brown
(Data received local registrar) (Registrar's signature)

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

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

Address: 3014 East 20th Terrace Date signed: 7/4/42

SON OF HOS 3 4128

1744
1991

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

Signed Renzil C. Browning
Licensed Embalmer No. 2724
P. O. Address K.P. 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.