

FILED JAN 21 1943

Registration District No.

Primary Registration District No. 1002

Registrar's No. 234

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:
400 S. Lawn 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..... 2 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 400 S. Lawn
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME George Clark Jordan

3. (b) If veteran, name war..... No 3. (c) Social Security No. No

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Mrs. Mary Jordan 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Nov 25 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 | 1 | 20 | hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

MOTHER FATHER { 12. Name John Jordan
 13. Birthplace Noble County Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Downey
 15. Birthplace Noble County Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Jordan

(b) Address 24 W. S. Lawn

17. (a) (Burial, cremation, or removal) (b) Date thereof Jan 16 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director W. Mitchell

(b) Address 310 N. Main St. Independence Mo.

19. (a) Jan 16 1943 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
 year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Nov 13, 1942 to Jan 15, 1943;
 that I last saw h..... alive on 15, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary occlusion
 Due to..... Hypertension 940
 Due to.....

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

Major findings:
 Of operations.....
 Of autopsy.....

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)
 (c) Means of injury.....
 23. Signature..... (M. D. or other).....
 Address..... Date signed 1/16/43

Duration

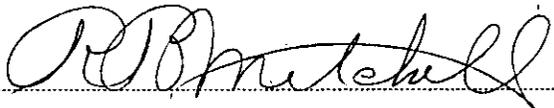
PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. 646.....

P. O. Address Indianapolis 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.