

FILED FEB 27 1943 49

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. _____

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: **K. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
In this community **30 years** (Specify whether 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. **3315 Baltimore**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Michael Frank Jordan**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **5th**
year **1943** hour **5** minute **45** P. M.

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

21. I hereby certify that I attended the deceased from **1-16-43** to **2-5-43**, 19____
that I last saw him alive on **2-5-43**, 19____
and that death occurred on the date and hour stated above.

4. Sex **M.** 5. Color or race **Wk** 6. (a) Single, widowed, married, divorced **3 divorced**
6. (b) Name of husband or wife **No Record** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 15 1971**
(Month) (Day) (Year)

Immediate cause of death **Ulcer of stomach, possibly malignant, not confirmed by autopsy**
Due to **autopsy**

8. AGE: Years **72** Months **2** Days **20** If less than one day _____ hr. _____ min.

Due to **1170**
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **NONE**

9. Birthplace **Leavenworth Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Salesman**

11. Industry or business _____

12. Name **Michael F Jordan**

13. Birthplace **Dreland**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Kelley**

15. Birthplace **Dreland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Gertrude Roberts**

(b) Address **Philadelphia Pa**

17. (a) (Burial, cremation, or removal) **Removal** (b) Date thereof **2-10-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Leavenworth, Kansas**

18. (a) Signature of funeral director **M Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **2-9-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

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 **Drump R. Jones** (Registered D. or other)

Address **Med. Dir. Gen. Hospital** Date signed _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10

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 7 @ 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.