

State File No.

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

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FILED MAR 21 1943

Registration District No. 221

Primary Registration District No. 44 62

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
Wentzville, Mo 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County Jeff

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME George Franklin Jordan

3. (b) If veteran, name war:

3. (c) Social Security No. Lost

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1943 hour 05 PM minute

4. Sex Male

5. Color or Race White

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

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: Sept 16 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 27 1943 that I last saw him alive on Jan 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Thoracic Embolism Duration 1 Day

8. AGE: Years 60 Months 11 Days 11 If less than one day hr. min.

9. Birthplace: Piedmont Mo 0
(City, town, or county) (State or foreign country)

Due to Cerebral Occlusion

Due to Cerebral Occlusion

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER {

12. Name Joseph Jordan

13. Birthplace Madison Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Duester

15. Birthplace Piedmont Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Henry D. Barnhart

(b) Address Wentzville Mo

17. (a) Burial (b) Date thereof Jan 30. 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Mo

18. (a) Signature of funeral director Tracy Peterson

(b) Address Wentzville, Mo.

19. (a) Jan - 30 1943 (b) Gertrude S. Miller
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H/O

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) (Means of injury)

23. Signature Paul W. Rice (M. D. or other) 0

Address Wentzville, Mo. Date signed 1-27-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 29 1956

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.....

P. E. Pitman

Licensed Embalmer No. *2711*

P. O. Address. *Wentzville, 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.