V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9799

Registration District No. 47 | Primary Registration District No. 3008 | Registrar's No. 85

14
1
2

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

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 14 1
(c) City or town Glasgow 2
(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 0

3. (a) PRINT FULL NAME CLIFFORD L JORDON

3. (b) If veteran, name war

3. (c) Social Security No. 496-019016

4. Sex male | 5. Color or race white | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Jordon

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

7. Birth date of deceased Dec (Month) 5 (Day) 1903 (Year)

8. AGE: Years 39 | Months 3 | Days 13 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Jordon
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Emma Simmons
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Records
(b) Address State Hospital No 1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Walker Audsley
(b) Address Glasgow Mo.

19. (a) March 19-1943 (Date received local registrar) (b) Jose Morsenkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1943 hour 8 minute 25 P M.

21. I hereby certify that I attended the deceased from March 10, 1943, to March 18, 1943
that I last saw him alive on March 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Bronchial Pneumonia	2 day
Due to	
Due to	
Other conditions Pariser (Include pregnancy within 3 months of death)	

30 P

Major findings:
Of operations
Of autopsy Fulton Mo 3-19-43 Dr J B Neal Columbia Mo State Hospital Nor

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

23. Signature J B Stokes (M. D. or other) MD
Address Fulton Mo Date signed 3/18/43

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1949

NOV 20 1951

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 J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.