

18901

No. 2
1-2-43
17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 11 1943
Registration District No. _____

Primary Registration District No. 6075

Registrar's No. 266

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs. 5 mos. 29
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Ripley Co. Farm, (Doniphan ?)
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME DAVID (DAVE) JORDAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>About 65</u>			hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 5-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem., Farmington, Mo.

18. (a) Signature of funeral director Miller Undertakers

(b) Address Farmington, Mo.

19. (a) May 22-1943 (b) Budie Buhmester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1943 hour 3 minute 35 A.

21. I hereby certify that I attended the deceased from Nov. 5, 1935 to May 4, 1943 that I last saw him alive on May 4 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to _____

Due to Per chronic

Other conditions 12 1/2 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy Intestinal Obstruction

Duration 10 hrs
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo.

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

23. Signature [Signature] (M. D. or other) _____
Address Farmington - MO Date signed 5/4/43

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

4
0
0

RECEIVED

District Health Officer No. 4
District File Number 643-2269
Date Filed 6-5-43

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 _____

Not Embalmed, Registered Apprentice No. _____,
working under my personal supervision.

Signed Bert J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, Me.

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.