

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42433**

FILED JAN 6 1944  
Registration District No. **128**

Primary Registration District No. **2227**

Registrar's No. **6**

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

1. PLACE OF DEATH:

(a) County **HICKORY**

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community..... **ALL OF LIFE**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **HICKORY**

(c) City or town **ELKTON (RURAL) Tyler**  
(If outside city or town limits, write "RURAL")  
(If rural, give location)

(d) Street No.....

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **THOMAS J. JORDAN**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

4. Sex **MALE**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **WID OWER**

6. (b) Name of husband or wife **Mollie Jordan**

6. (c) Age of husband or wife if alive **11** years (Day) (Year)

7. Birth date of deceased **5 11 1870**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>73</b>	<b>6</b>	<b>2</b>	.....hr. ....min.

9. Birthplace **AVERY** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business.....

MOTHER FATHER

12. Name **WILLIAM N JORDAN**

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

14. Maiden name **SARAH M BRESHEARS**

15. Birthplace **HICKORY CO. MISSOURI** (City, town, or county) (State or foreign country)

16. (a) Informant **MRS LEWIS TAYLOR**

(b) Address **ELKTON, MISSOURI**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **12-4-1943** (Month) (Day) (Year)

(c) Place: burial or cremation **DOOLY BEND CEMETRY**

18. (a) Signature of funeral director **GILBERT ATHAWAY**

(b) Address **WHEATLAND, MISSOURI**

19. (a) **Dec 14-1943** (Date received local registrar) (b) **May J. Carleton** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **2**  
year **1943** hour **9** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Nov. 22 1943** to **Dec 1 1943**  
that I last saw him alive on **Dec 1 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Stremic poison** Duration

Due to **Cardiac renal circulatory disease**

Due to **Cardiac disease (regurgitation)**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131a**

Of autopsy.....

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?

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

23. Signature **P. H. Bailey** (M. D. or other) **also**  
Address **Hermitage Mo** Date signed **Dec 10 1943**

1094

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 12-43-1399

Date Filed 1-5-44

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 *Chas Gilbert Hathaway*

Licensed Embalmer No. 4267

P. O. Address *Wheatland, 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.