

FILED APR 7 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3020

Registrar's No. 29

1. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town WASHINGTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 520 E 5th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No. 520 E 5th St  
(If rural, give location)  
(e) Citizen of foreign country? None (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Augusta Jordan

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year) 1 18 1942

8. AGE: Years 77 Months 3 Days 8 . If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace not known (City, town, or county) (State or foreign country) 9

10. Usual occupation Retired

11. Industry or business "

12. Name not known

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

14. Maiden name not known

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

16. (a) Informant Mary Murpherson

(b) Address 520 E 5th St

17. (a) Burial (b) Date thereof 3-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation 3-13-44 Washington, Mo.

18. (a) Signature of funeral director OT & Co

(b) Address Washington Mo

19. (a) 7/11/44 (b) Emelle Ruth Brooks (Registrar's signature) (Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1944 hour 7 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1935 to March 11 1944 that I last saw her alive on March 9 1944 and that death occurred on the date and hour stated above

Immediate cause of death cholesterol embolus

Due to not known

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature OT & Co (M. D. or other) MD  
Address Washington Mo Date signed 3/11/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

36  
6  
2

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 4-5-44

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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 \_\_\_\_\_

*[Signature]*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*[Signature]*

Licensed Embalmer No. 2464

P. O. Address Washington DC

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.