

S. No. 2
OM-8-43
5-17-37
I X3782

26880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

3348

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-28-44-8-7-44
(Specify whether
In this community Unknown # 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1414 Lydia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME CELESTER JORDAN

20. DATE OF DEATH: Month August day 7
year 1944 hour 4:30 minute _____ P. M.

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

21. I hereby certify that I attended the deceased from July 28
19 44 to August 7 19 44

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

that I last saw her alive on August 7 19 44
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Charles Jordan 6. (c) Age of husband or wife alive Unk years

Immediate cause of death Congestive Failure Duration _____

7. Birth date of deceased: May 6 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 1 If less than one day
hr. _____ min.

Due to Hypertensive heart disease

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

Due to _____

10. Usual occupation Unemployed

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings:

12. Name Andrew Tywater

Of operations _____

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

Of autopsy _____

14. Maiden name Mary Martin

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Record Clerk

(a) Accident, suicide, or homicide (specify) _____

(b) Address General Hospital No. 2

(b) Date of occurrence _____

17. (a) burial (b) Date thereof 8/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Maple Hill

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

18. (a) Signature of funeral director Hackins Bros.

While at work? _____ Means of injury _____

(b) Address 1729 Lydia

23. Signature J. E. Brown (M. or other) _____

19. (a) 8-14-44 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

Address Gen. Hosp. #2 600 E. 22nd Date signed 8-9-44

(Licensed Embalmer's Statement on Reverse Side)

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

338

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. Manlove*
.....
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.