

FILED OCT 29 1944

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4129**

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

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:
5827 Forest,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO.** (Specify whether
In this community **5 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Myrtle H. Jordan**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **NO.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **J. W. Jordan** 6. (c) Age of husband or wife if alive **unknown** years
7. Birth date of deceased **November 1 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 11 15 hr. min.

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

10. Usual occupation **at home,** (no.)

11. Industry or business (no.)
12. Name **Theo. Hyatt**
13. Birthplace **Maryland** (City, town, or county) (State or foreign country)
14. Maiden name **Evelina Moore**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **J. W. Jordan**
(b) Address **5827 Forest, Kansas City, Mo.**

17. (a) **Cremation** (b) Date thereof **10-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, Kansas City, Mo.**

19. (a) **10-17-44** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,** **48**
(c) City or town **Kansas City,** **33**
(If outside city or town limits, write "RURAL")
(d) Street No. **5827 Forest**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X** (1)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **16**
year **1944** hour **9:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **8-21-43**
to **10-16-44**, 19... to 19...
that I last saw **her** alive on **10-2-44**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral haemorrhage acute** Duration **5 min.**
Due to **Ch. cardiopulmonary disease** **30 yrs.**

Other conditions **Protruding occlusion recent**

Major findings: **131a** Of operations
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?

23. Signature **Paul D. Brown** (M. D. or other)
Address **1025 Grand K.C. Mo.** Date signed **10-17-44**

Dr. F. J. Lowry

Pathology Bldg

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

[Handwritten Signature]

Licensed Embalmer No. *1413*

P. O. Address *F.C. 1100*

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.