

FILED NOV 20 1944

Registration District No. 217

Primary Registration District No. 3045

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

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
212 Vine 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 60 Years years, months or days)

3. (a) PRINT FULL NAME Mike Jordan

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

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

6. (b) Name of husband or wife Annie Jordon 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December 6th 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 16 If less than one day
hr. _____ min. _____

9. Birthplace Hollow Rock Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer (retired)

11. Industry or business Same

MOTHER FATHER

12. Name Casey Jordan
13. Birthplace N.K. N.K.
(City, town, or county) (State or foreign country)
14. Maiden name Winnie Marr
15. Birthplace N.K. N.K.
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Jordan
(b) Address 212 Nine Charleston, Mo.
17. (a) Burial (b) Date thereof 10-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Charleston,

18. (a) Signature of funeral director [Signature]
(b) Address [Address]
19. (a) 11/14/44 (b) Mr. Tom Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss. 67
(c) City or town Charleston (If outside city or town limits, write "RURAL") 2
(d) Street No. 212 Vine St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1944 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from 10-6-1944 to 10-22-1944
that I last saw him alive on 10-22-1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease
W Left Hemiplegia 8mons
Due to _____
Due to Chronic Nephritis 12mons

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: 131
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? Mo.
While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature M. J. Fincal (D. of other) _____
Address 204 S Locust St Charleston Mo 10-28-44

RECEIVED

District Health Office No. 2,

District File Number 1144-1540

Date Filed 11-15-44

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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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

John F. Ammel

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.