

FILED DEC 28 1944
Registration District No. **128**

Primary Registration District No. **5466**

Registrar's No. **877**

3900

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

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **RURAL, S. CAMPBELL TWP.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **OZARK OSTEOPATHIC HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 DAY**
(Specify whether years, months or days)

In this community **1**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **HICKORY**

(c) City or town **RURAL - WHEATLAND**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **JOHNNY OLIVER JORDAN**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **3** year **1944** hour **9** minute **45 P.**

4. Sex **MALE** 5. Color or race **White**

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

6. (b) Name of husband or wife **NONE**

6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **JAN. 8, 1934**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12-2**, 19**44** to **12-3**, 19**44**
that I last saw him alive on **12-3**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death

8. AGE:	Years	Months	Days	If less than one day
	10	10	25	hr. _____ min. _____

Duration _____

GUN SHOT

Due to **WOUND OF**

Due to **left chest.**

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

10. Usual occupation **SCHOOL BOY**

Other conditions **184**
(Include pregnancy within 3 months of death)

Major findings **1817**

Of autopsy _____

11. Industry or business _____

12. Name **OLIVER LEE JORDAN**

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

14. Maiden name **JOSIE ANN BEYER**

15. Birthplace **BENTON CO. MO.**
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **OLIVER LEE JORDAN**

(b) Address **WHEATLAND, MO.**

17. (a) **Burial** (b) Date thereof **12-6-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wheatland, Mo.**

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

(a) Accident, suicide, or homicide (specify) **ACCIDENT**

(b) Date of occurrence **12-2-44**

(c) Where did injury occur? **WHEATLAND MO.**
(City or town) (County) (State)

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

While at work? **No** (e) Means of injury **GUN SHOT**

18. (a) Signature of funeral director **Wheatland, Mo.**

(b) Address **Wheatland, Mo.**

19. (a) **12-4-44** (b) **S. M. Hurdley**
(Date received local registrar) (Registrar's signature)

23. Signature **Richard G. Michaels**
(City or town) (County) (State)

Address **Springfield Mo** Date signed **12-2-44**

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.

X