

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945
Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 16

Primary Registration District No. 6283

42371

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

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartsville Rural Elk Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At her home
10 miles north of Hartsville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) 78 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Wright
(c) City or town Hartsville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 miles north of Hartsville
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT SUSAN AMERICA JORDON
FULL NAME

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 Married

6. (b) Name of husband or wife W. P. JORDAN 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased 5 31 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Wright Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. Randolph

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

14. Maiden name Mary Hyde

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

16. (a) Informant Wm. Jordan

(b) Address Grove Springs Mo.

17. (a) Burial (b) Date thereof 12 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmer Cem

18. (a) Signature of funeral director Helen E. Haldren

(b) Address Hartsville Mo

19. (a) Dec 20 - 1944 (b) Foster Pittell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 1944 hour 3:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from 12/2
to 12/4 1944
that I last saw her alive on Dec 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Brain

Due to arteriosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Date signed Dec 19 1944

1044

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 145-37

Date Filed JAN 12 1945

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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hastwille, 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.