V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2311

Registration District No. 128 | Primary Registration District No. 5522 | Registrar's No. 1

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

1300

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town Cross Timbers (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community all of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hickory
(c) City or town Cross Timbers (Rural)
(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

43
20

3. (a) PRINT FULL NAME John William Jordan
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 - 14 - 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	10	26	hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name William T. Jordan
13. Birthplace (City, town, or county) unknown (State or foreign country) 9
MOTHER 14. Maiden name Sadie Blackwell
15. Birthplace (City, town, or county) unknown (State or foreign country) 9
16. (a) Informant Johnnie Jordan
(b) Address Cross Timbers, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemetery
18. (a) Signature of funeral director Gilbert Pettauer
(b) Address Wheatland Mo
19. (a) Feb 8-1945 (Date received local registrar) (b) Mary F. Carlstrom (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 10 year 1945 hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from Dec 1 on my arrival to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gun shot wound over heart No 12 gun.	
Due to Suicide from way over boy going to army.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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) Suicide
(b) Date of occurrence Jan. 10 - 45
(c) Where did injury occur? Cross Timbers Hickory Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home on farm (Specify type of place)
While at work? (e) Means of injury
23. Signature J M Edwards (M. D. or other)
Address Cross Timbers Mo Date signed 1-15-45

1044 (Licensed Embalmer's Statement on Reverse Side)

FEB 20 1945

1-45-108
2-10-45

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.