

No. 2
M-243
5-17-39
I X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11889

State File No. _____

FILED APR 15 1946
Registration District No. 324

Primary Registration District No. 6092

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Malta Bend "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mi S. H. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline 97
(c) City or town Malta Bend "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUSSELL LEE JORDAN

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased May - 28 - 1894
(Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Mr. Eli Jordan

13. Birthplace Hickory Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Susan

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant B. B. Jordan

(b) Address Malta Bend MO

17. (a) Burial (b) Date thereof 3-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend MO

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall MO

19. (a) 3/4/46 (b) Motion
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1946 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to March 2 1946
that I last saw him alive on March 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal disease 2 yrs?
Duration

Due to _____

Due to _____

Other conditions 13/0
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations no operation

Of autopsy no 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? _____

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

23. Signature Douglas J. Kellie (M. D. or other)

Address Washley MO Date signed 3/4/46

294 (Licensed Embalmer's Statement on Reverse Side)

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

Official Form No. 6,
District File No. _____
Date Filed 4-3-46

Handwritten notes:
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.

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.