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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24249

FILED AUG 9 1946

Registration District No. ..... Primary Registration District No. 5698 Registrar's No. 88

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Rural Jackson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
14 miles N.W. Chillicothe, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 61 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 16 miles N.W. Chillicothe
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME FRANKLIN HILL JORDIN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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 November (Month) 18 (Day) 1883 (Year)

8. AGE: Years 61 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Livingston County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer and Teacher

11. Industry or business .....

FATHER
12. Name Issac H. Jordin
13. Birthplace Davies County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Alice Dinsmore
15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Charles I. Jordin
(b) Address R. F. D. Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Jamesport, Mo.

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri

19. (a) 7-27-46 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1946 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from June 29, 1946, to July 26, 1946 that I last saw him alive on ....., 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Disease about 3 Mo

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature G W Carpenter (M. D. or other)

Address Chillicothe, Mo Date signed 7/27/46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton L. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.