

FILED DEC 4 1946 STANDARD CERTIFICATE OF DEATH

State File No. 39437

Registration District No. 362

Primary Registration District No. 6232

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural (Bridgeport twmsp.)
(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 _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anton Jordan

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Margaret Smith Jordan 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 13, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Xavier Jordan

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

14. Maiden name Theresa Hines

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

16. (a) Informant George Jordan

(b) Address 6532 Bartmer, St. Louis, Mo.

17. (a) Burial (b) Date thereof 11-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warren County, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 4-29-46 (b) Mrs. Fred Moraw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1946 hour 11:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1 Sept. 1, 1946 to Nov. 18, 1946
that I last saw him alive on Nov. 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration _____

Due to Carcinoma sigmoid colon

Due to _____

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

Major findings: 46
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) _____

(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 L

23. Signature Dr. J. K. ... (M. D. or other) 100

Address _____ Date signed Nov. 20, 46

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

38201

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RECEIVED
District Health Officer No. 9,
District File Number 13-2-46
Date Filed

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 John E. Herlinger
Licensed Embalmer No. 4409
P. O. Address Warrenton 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.