

FILED DEC 23 1946

Registration District No. _____

Primary Registration District No. **0224**

Registrar's No. **113**

1. PLACE OF DEATH:

(a) County **Holt**
 (b) City or town **Forest City Mo.**
 (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 **4 Years**
 years, months or days

3. (a) PRINT FULL NAME **Mary Belle Jordan**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Dock Mitchell Jordan** 6. (c) Age of husband or wife if alive **74** years
 7. Birth date of deceased **April 7 1872**
 (Month) (Day) (Year)

8. AGE: Years **74** Months **6** Days **22** If less than one day hr. _____ min. _____

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **George Polsgrove**

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

14. Maiden name **Adeline Clark**

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

16. (a) Informant **Elmer Jordan**

(b) Address **2304 S. 9th, St. Joseph, Missouri**

17. (a) **Burial** (b) Date thereof **Dec 2 1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **James H. Pettigrove**

(b) Address **Oregon Mo.**

19. (a) **Dec 12** (b) **J. Cray**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt**
 (c) City or town **Forest City Mo.**
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **29**
 year **1946** hour **8** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Nov 27** 19**46** to **Nov 29** 19**46**
 that I last saw her **alive** on **Nov 27** 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocardial Infarction** Duration **5 days**

Due to _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? **none**
 (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 **E. F. Newberry** (M. D. or other) _____

Address **Osage 2nd** Date signed **12-2-46**

MOTHER FATHER

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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.....

James H. Pettigrew

Licensed Embalmer No. *3192*

P. O. Address *Oregon 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.