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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40945

State File No. _____
Registrar's No. 424

Registration District No. 146 Primary Registration District No. 3026

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Sibley
(If outside city or town limits, write "RURAL")
(d) Street No. none used
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Vernon Holbert Jordan
(b) If veteran, name war no
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December, 22nd
year 1946 hour 9 minute A M.
21. I hereby certify that I attended the deceased from
Dec. 1946, to Dec. 22, 1946
that I last saw him alive on Dec. 22, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if
alive 40 yrs 8 mos years

Immediate cause of death
Coronary Occlusion
Due to Atherosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 94A
Of autopsy _____

7. Birth date of deceased July 23 1902
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
44 4 29 hr. min.

Duration 5 days
1 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Camden Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Time keeper & clerk

11. Industry or business County Hi-way Dept.
MOTHER FATHER
12. Name Roe Vernon Jordan
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Miles
15. Birthplace Keokuk Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nancy Jordan
(b) Address Sibley Missouri
17. (a) Burial (b) Date thereof 12-24/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Buckner Cemetery
18. (a) Signature of funeral director J. M. Casper
(b) Address Buckner Missouri
19. (a) 12/27/46 (b) J. M. Casper
(Date received by registrar) (Registrar's signature)

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 NO
23. Signature Stamby (M. D. or other) NO
Address Independence Mo Date signed 12-23-46

354 (Licensed Embalmer's Statement on Reverse Side)

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

39758

JAN 20 1947

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 Dixon L. Kelsey

Licensed Embalmer No. 4225

P. O. Address Independence, 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.