

BUREAU OF THE CENSUS
FILED DEC 23 1946

State File No.

10822

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....**St. Louis**
 (b) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Jordan, Nathan Albert3. (b) If veteran,
name war**Unknown**

3. (c) Social Security

No. **Unknown**4. Sex **MO**5. Color or
race **W**6. (a) Single, widowed, married,
divorced **Married**6. (b) Name of husband or wife.....
Ollie Jordan6. (c) Age of husband or wife if
alive..... **62** years7. Birth date of deceased..... **September 8 1882**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
64 3 3 hr. min.9. Birthplace..... **Iron County Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation..... **Railroad Worker**

11. Industry or business

S.J.J. Jordan

MOTHER FATHER

12. Name.....

13. Birthplace..... **Unknown Virginia**
(City, town, or county) (State or foreign country)14. Maiden name..... **Mary Parrish**15. Birthplace..... **Unknown Virginia**
(City, town, or county) (State or foreign country)16. (a) Informant..... **Ollie Jordan**(b) Address..... **Des Arc, Missouri**17. (a) **Burial** (b) Date thereof..... **12-14-46**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... **Des Arc, Missouri**18. (a) Signature of funeral director..... **Albert H. Hoppe**(b) Address..... **4700 Washington Blvd,**19. (a) **DEC 17 1946** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Iron**
 (c) City or town..... **Des Arc**
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **11**
year **1946** hour **9** minute **15 P.**21. I hereby certify that I attended the deceased from **Nov 19**
1946 to **Dec 11 1946**
that I last saw him alive on **Dec 11 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma of prostate

Duration

8 mo.

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?.....
(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..... **Truett J. Enck** (M.D. or other)
Address..... **Mo Pac Hospital** Date signed..... **Dec 14, 1946**

JAN 23 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..... *Ernest W. Spiller*.....
Licensed Embalmer No..... *04080*.....

P. O. Address.....

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.