

S. No. 2
M-1245
v. 5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9176
1323
Registrar's No. _____

FILED APR 1 1947

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
In this community 10 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1739 LYDIA
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LILLIAN JORDAN

(b) If veteran, name war No (c) Social Security No. Unk.

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

(b) Name of husband or wife NATHANIEL JORDAN (c) Age of husband or wife if alive 45 years

7. Birth date of deceased NOVEMBER 1, 1908
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 18
If less than one day hr. _____ min. _____

9. Birthplace OMAHA NEBRASKA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant NATHANIEL JORDAN (HUSBAND)

(b) Address 1739 LYDIA

17. (a) Burial (b) Date thereof 3/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. H. ...

(b) Address 1729 Lydia Avenue

19. (a) 3-21-47 (b) Geraldine Helms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19, year 1947 hour 3: minute 15 P. M.

21. I hereby certify that I attended the deceased from MARCH 17, 19 47 to MARCH 19, 19 47; that I last saw h. ER alive on MARCH 19, 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death INTESTINAL OBSTRUCTION Duration _____

Due to STRANGULATED UMBILICAL HERNIA

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Frank ... (M. D. or other) M. D.

Address GENERAL HOSPITAL NO. 2 Date signed 3/21/47

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

MOTHER FATHER

OCT 28 1995

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.....

J. Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.