

FILED AUG 8 1948

1003

Registrar's No. 7142

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
 (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

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME..... **William A. Jordan**  
 3. (b) If veteran, name war..... **No**  
 3. (c) Social Security No. .... **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **31**  
 year..... **1947** hour..... **112** minute..... **55 P.M.**

21. I hereby certify that I attended the deceased from..... **22**  
**May** 19..... **47** to..... **31 July** 19..... **47**  
 that I last saw him alive on..... **30 July** 19..... **47**  
 and that death occurred on the date and hour stated above.

4. Sex..... **M** 5. Color or race..... **W**  
 6. (a) Single, widowed, married, divorced..... **Married**  
 6. (b) Name of husband or wife..... **Grace Jordan**  
 6. (c) Age of husband or wife if alive..... **63** years  
 7. Birth date of deceased..... **January 31 1878**  
(Month) (Day) (Year)

Immediate cause of death..... **Terminal pneumonia**

8. AGE: Years Months Days If less than one day  
**69** **6** **0** ..... hr. .... min.

Due to.....  
 Due to.....

9. Birthplace..... **Washington Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Conductor**

11. Industry or business..... **Railroad**

12. Name..... **Thomas Jordan**

13. Birthplace..... **Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown Babb**

15. Birthplace..... **Unknown** **9**  
(City, town, or county) (State or foreign country)

Other conditions..... **Fracture neck right femur**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations..... **186**  
**18**

Of autopsy.....

16. (a) Informant..... **George Jordan**  
 (b) Address..... **Jefferson City, Mo.**

17. (a) **Burial** (b) Date thereof..... **8-2-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... **Jefferson City, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**  
 (b) Address..... **4700 Washington Blvd.**

19. (a) **JUL 31 1947** (b) **J. F. Bredet**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: **121**

(a) Accident, suicide, or homicide..... **suicide**  
 (b) Date of occurrence..... **May 22, 1947**  
 (c) Where did injury occur?..... **Home**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **See Above**  
While at work? NO (Specify type of place) Means of injury.....

23. Signature..... **Vernon H. Card**  
 Address..... **No. 1000 1/2** Date signed..... **31 July 47**

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

MOTHER FATHER

AUG 27 1947

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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 S. Kennedy*

Licensed Embalmer No. 41947

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.