

Registration District No. **324**

Primary Registration District No. **6092**

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Malta Bend "Rural" Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4 1/2 mi S.W. Malta Bend Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 28 yrs (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline  
(c) City or town Malta Bend "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 1/2 mi S.W. Malta Bend  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARTHA JANE JORDAN

3. (b) If veteran. name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife William Eli Jordan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July - 7 - 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 11 24 hr. min.

9. Birthplace Benton County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lemuel Bird 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Ruth 9  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Jordan  
(b) Address Malta Bend Mo

17. (a) Burial (b) Date thereof 7-3-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend Mo

18. (a) Signature of funeral director Harry Herabergen  
(b) Address Marshall Mo

19. (a) July 5 - 1947 (b) Sidney Jordan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1947 hour 8 minute 00 P M.

21. I hereby certify that I attended the deceased from 1-28, 1947 to 7-1, 1947.  
that I last saw her alive on 6-30, 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIO SCLEROSIS - GENERALIZED 2 years  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions ONSET - CEREBRAL - HEMORRHAGE 7 mo  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy AM  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(c) 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) (e) Means of injury 0

23. Signature Geo A Kellamy (M. D. or other) \_\_\_\_\_  
Address Warren Mo Date signed 7-3-47

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

7  
0  
0

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-18-47

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

*Harry Hershberger*

Licensed Embalmer No.

4357

P. O. Address

*Marshall 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.**