

Registration District No. 16

Primary Registration District No. 4030

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Golden City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(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)
 In this community 7 yrs. 8 mo. 1 da.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton
 (c) City or town Golden City
(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 _____

3. (a) PRINT FULL NAME KENNETH D. JORDAN
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September 21
 year 1947 hour 7 minute 30 P.M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Sept 29
1947 to Oct 2nd 1947
 that I last saw him alive on Oct 2nd 1947
 and that death occurred on the date and hour stated above.

7. Birth date of deceased January 20 1940
(Month) (Day) (Year)

Immediate cause of death heart failure Duration _____
congenital malformation

8. AGE: Years Months Days If less than one day
7 8 1 _____ hr. _____ min.

Due to of the heart

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

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation At home

11. Industry or business _____
 MOTHER FATHER { 12. Name E.C. Jordan
 13. Birthplace Westville Okla.
(City, town, or county) (State or foreign country)
 14. Maiden name Jennie Myrtle Eglton
 15. Birthplace Stillwell Okla.
(City, town, or county) (State or foreign country)

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

16. (a) Informant E.C. Jordan
 (b) Address Golden City, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) burial (b) Date thereof Sept. 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation I.O.O.F. Cem. Golden City, Mo.

(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? _____

18. (a) Signature of funeral director Phillips Funeral Home
 (b) Address Golden City, Mo.

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

19. (a) Sept 22, 1947 (b) Theresa P. Pugh
(Date received local registrar) (Registrar's signature)

23. Signature Richard Knapp (M. D. or other) _____
 Address Golden City, Mo. Date signed 9/24/47

RECEIVED

District Health Officer No. 6;

District File Number 947-984

Date Filed SEP 30 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.....

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.