

FILED DEC 22 1947

Registration District No. 280

Primary Registration District No. 5961

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

1. PLACE OF DEATH:

(a) County PLATTE
(b) City or town EAST LEAVENWORTH (RURAL)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community..... 66 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PLATTE 83
(c) City or town EAST LEAVENWORTH, (RURAL) A
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOHN JORDON

3. (b) If veteran, name war..... 3. (c) Social Security No. —

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (c) Age of husband or wife if alive..... years
ELLA MAE JORDON
7. Birth date of deceased AUG. 26 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>4</u>	hr. min.

9. Birthplace PLATTE Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name MANUEL JORDAN
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
14. Maiden name MARY ANN KNOPE
15. Birthplace PLATTE Co. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ELLA MAE JORDON
(b) Address EAST LEAVENWORTH, Mo.

17. (a) BURIAL (b) Date thereof 12-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLATTE CITY CEM.
Rollins & Mitchell

18. (a) Signature of funeral director Rollins & Mitchell
(b) Address PLATTE CITY, Mo.

19. (a) 12-1-47 (b) Ophia Rollins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1947 hour..... minute..... M.
21. I hereby certify that I attended the deceased from Nov 4
1946, to Nov 30 1947
that I last saw him alive on Nov 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Due to metastasis to liver
Duration 1 yr +

Due to.....
Other conditions (include pregnancy within 3 months of death) J.P.C.

Major findings: Cancer of pyloric portion of stomach
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 0

23. Signature J.P. County (M. D. or other)
Address Leavenworth, Mo. Date signed Dec 1 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. H. Brill

Licensed Embalmer No. *537*

P. O. Address.....

Weston 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.