S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948
Registration District No. 343

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6154

State File No. 44623
Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural
(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
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie Jane Jordan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F /
5. Color or race W
6. (a) Single, widowed, married, divorced W 21
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 13 (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	2	23	hr. min.

9. Birthplace Unknown (City, town, or county) Ill. / (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Thomas Gerald 9
13. Birthplace Unknown (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) / (State or foreign country)
16. (a) Informant Dewey King
(b) Address Essex, Mo. R, F, D, #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Essex, Mo.
18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.
19. (a) Jan 9 1948 (Date received local registrar) (b) Kate Hanley (Registrar's signature) 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6
year 1947 hour 3 minute p.M.

21. I hereby certify that I attended the deceased from Nov. 29 1947 to Dec 6 1947
that I last saw him alive on Dec 1 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Paralysis	19
Due to	4
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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. Branson (M. D. or other)
Address Essex, Mo. Date signed 12-7-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1-48-104
Date Filed 1-19-48

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Selkirk 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.