

FILED FEB 7 1948
Registration District No. 26

Primary Registration District No. 3016

Registrar's No. 34

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1514 Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years (Specify whether 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. 1514 Madison
(If rural, give location)

(e) Citizen of foreign country? 8 years (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lelia B. Jordan

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Female Color Negro

5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. H. Jordan

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 22 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 6 12 hr. min.

9. Birthplace Clarksville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Unknown

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

14. Maiden name Unknown 1

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Jordan

(b) Address 514 Madison

17. (a) Removal (b) Date thereof 2-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Jordan Service

(b) Address 209 Jefferson

19. (a) 2-6-48 (b) R.P. Darrin md
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1948 hour 1 minute 0 p.m.

21. I hereby certify that I attended the deceased from Jan. 19 1948 to Feb. 4 1948
that I last saw her alive on Feb. 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Nemiplegia
Cerebral Apoplexy

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration.....

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?.....
While at work?..... (Specify type of place) (Means of injury).....

23. Signature R. S. Doyle (M. D. or other) Mr. D.
Address 522 Haystack Jeff. City Date signed 2/5/48

FEB 7 1946

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

Donald P. Freeman Registered Apprentice No. 781
working under my personal supervision.

Signed J. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Juno.

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.