No. 2
—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8206

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 20

1. PLACE OF DEATH:
(a) County Clay Gallatin Twp.
(b) City or town Rural #8 North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. 8 North Kansas City / Foxwood Add.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home (Specify whether
In this community one year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.R.8 North Kansas City 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME John Edward Tordt
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Tordt
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased Feb. (Month) 23 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	0	23	XX hr. XX min.

9. Birthplace Massulon (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Retired Byer
11. Industry or business XXXXX
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Warren C. Leffel
(b) Address R.R. #8 North Kansas City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 6 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Ohio
18. (a) Signature of funeral director Morton- Smith's F.H.
(b) Address 832 Armour Rd North Kansas City
19. (a) Mar 6-1948 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature) #3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1948 hour 4 minute 0 P.M.
21. I hereby certify that I attended the deceased from
, 19 , to 3-5 , 1948
that I last saw him alive on 3-5-48 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	1 day
Due to Hypertension Cardio-vascular Disease	Unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
93

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 [signature] (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-18-48

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 Chester L. Fleming, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas 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.