

FILED JUL 12 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2206 East 68th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME ANNA E. JORDAN
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Wm. H. Jordan
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased April 8 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 20 hr. min.

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

10. Usual occupation Home

11. Industry or business X

MOTHER FATHER {
12. Name A. Lloyd
13. Birthplace Pa. (City, town, or county) (State or foreign country)
14. Maiden name Charlotte Evans
15. Birthplace Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Velma Shumway
(b) Address 2206 E. 68th K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove, Independence MO.

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood, K. C. 3 Mo

19. (a) 6-28-48 (Date received local registrar)
(b) Gertrude Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2206 E. 68th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28
year 1948 hour 9 minute 55 A.M.
21. I hereby certify that I attended the deceased from 1946
_____, 19____, to June 28, 1948
that I last saw h. alive on June 28
and that death occurred on the date and hour stated above.
Immediate cause of death Hyperextension
heart disease
Cerebral softening
arterio-sclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
938

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? _____
While at work? _____ Means of injury _____
23. Signature Wm R. Jackson (M. D. or other) MO
Address 1157 Binger Date signed 6/29/48

Dr. W. R. Jackson
Bryant Bldg.
VI 0848

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

Chas E Wilks

Licensed Embalmer No.

2644

P. O. Address

H. C. 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.