No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1948

Registration District No. 21

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5458

State File No. 36230

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Walnut Grove No Rz (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Walnut Grove Township (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community Lifetime in Greene Co.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Walnut Grove, Mo Rz (If outside city or town limits, write "RURAL")

(d) Street No. Rural Walnut Grove Township (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ella Marcetta Jordon

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 19 (Day) 1936 (Year)

8. AGE: Years 12 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business Phenix Grade School

FATHER 12. Name Lemuel Jordon

13. Birthplace Ash Grove (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Nettie Woods

15. Birthplace Ash Grove (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lemuel Jordon

(b) Address Walnut Grove, Mo Rz

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 24 (Day) 48 (Year)

(c) Place: burial or cremation Kelley Cemetery

18. (a) Signature of funeral director Irene A. Brim

(b) Address Walnut Grove, Mo.

19. (a) November 22-48 (Date received local registrar) (b) Irene A. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1948 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 18 - 1948 to Nov 21 - 1948; that I last saw her alive on Nov 19 - 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Probable Brain Abscess	
Due to Middle Ear trouble for months previously is the	
Due to History	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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

23. Signature J. J. Barber M.D. (M. D. or other)

Address Walnut Grove Mo Date signed 11/21/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 48-12-83.
Date Filed 12-7-48

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 James R. Phillips, Registered Apprentice No. 215, working under my personal supervision.

Signed Warren D. Noblett

Licensed Embalmer No. 4095

P. O. Address Oak Grove Ms

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.