No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 70

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3633

37203

State File No. 12-45-142

Registrar's No. 145

1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: Lebanon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Memorial Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 hrs. (Specify whether years, months or days)
In this community: 24 hrs.

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo. (b) County: Laclede 53
(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: Teddy Murl Jordan
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: D
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 22 (Day) 1948 (Year)

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace: Lebanon (City, town, or county) Mo. (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER
12. Name: Murl Jordan
13. Birthplace: Smittle (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Vernice Roper
15. Birthplace: Morgan (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: P. A. Jenkins
(b) Address: Lebanon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Roper Cem.
18. (a) Signature of funeral director: D. Palmer
(b) Address: Lebanon, Mo.
19. (a) 11-30-48 (Date received local registrar) (b) Laurie B. Lynly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 23 year: 1948 hour: 10 minute: 20 A.M.
21. I hereby certify that I attended the deceased from 22 Nov, 1948 to 23 Nov, 1948 that I last saw him alive on 23 Nov, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Patent Ductus	
Due to: Arteriosum	
Due to: Congenital	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: NE
Of autopsy: NE

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) 0
While at work? (e) Means of injury:
23. Signature: Paul A. Jenkins M.D. (M. D. or other)
Address: Lebanon, Mo. Date signed: 26 Nov/48

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

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 Emmett E. Everett, Registered Apprentice No. 246, working under my personal supervision.

Signed S. R. Palmer

Licensed Embalmer No. 2 [illegible]

P. O. Address Lebanon 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.