

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37731

FILED DEC 15 1948

State File No. _____

Registration District No. 296

Primary Registration District No. 4444

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution: _____
(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 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Camden, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME William Jordan

3. (b) If veteran, name war World War #1

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 16th
year 1948 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Jessie Jordan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 15, 1887
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

8. AGE: Years 61 Months 0 Days 1 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Major findings: 940

Of operations _____

Of autopsy _____

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

10. Usual occupation Retired

11. Industry or business Farming

12. Name Ely Jordan

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

14. Maiden name Molly Lunsford

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

16. (a) Informant Albert M. Jordan

(b) Address Camden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/48
(Month) (Day) (Year)

(c) Place: burial or cremation Southpoint Cemetery

18. (a) Signature of funeral director Questbile (Specify type of place) _____
(b) Address Richmond, Missouri (e) Means of injury _____

19. (a) 11-17-48 (Date received local registrar) (b) Nelen J. Larkin (Registrar's signature) _____

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? _____

23. Signature John T. Baker (Date signed) 11-16-48
Address Camden, Mo.

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

89
0
0

89
2
0

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-14-48

DEC 18 1948

DEC 16 1948

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 Louis Luent
Licensed Embalmer No. 4096

P. O. Address Richmond, Va

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.