

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5535

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3053 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Elizabeth Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>511 Rock Street</u>	

3. NAME OF DECEASED a. (First) James Eugene b. (Middle) Jordan c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) February 9, 1949

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 17, 1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired 5/1944</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. & Q Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME John David Jordan 13b. MOTHER'S MAIDEN NAME Juliana Geery 14. NAME OF HUSBAND OR WIFE Nellie Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no None 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. J. E. Jordan ADDRESS 511 Rock Hannibal Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Thrombosis</u>		MEDICAL CERTIFICATION <u>(Mesenteric Thrombosis)</u>	INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>venia</u>				

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Surg. removal small intestine (14 in) 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 29, 1949 to Feb 9, 1949, that I last saw the deceased alive on Feb 9, 1949, and that death occurred at 1220 A.M., from the cause and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS [Address] 23c. DATE SIGNED Feb 14 - 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/10/49 24c. NAME OF CEMETERY OR CREMATORY Mount Olivet 24d. LOCATION (City, town, or county) (State) Hannibal Missouri

DATE REC'D BY LOCAL REG. 2-16-49 REGISTRAR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Hannibal Missouri

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

6434

WILLIAMS

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed W. Crawford Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.