

FILED APR 2 1949

## STANDARD CERTIFICATE OF DEATH

State File No. ....

54000

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>LAFFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>DOYER</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DOYER</u>	
c. LENGTH OF STAY (In this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Morris</u> b. (Middle) <u>O</u> c. (Last) <u>Jordan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 23, 1923</u>
9. AGE (In years last birthday) <u>25</u> Months <u>11</u> Days <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Grandpass, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm E Jordan</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Bird</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Burnie Jordan Grandpass Mo</u>		ADDRESS <u>Grandpass Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compound fracture skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Motor Car Collision with</u> DUE TO (c) <u>transport truck on highway</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>no 24 one hole end / Dose in</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no ops</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident Highway</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 24</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Doser Lafayette Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>March 31 - 1949 1:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>Motor Car Collided with Truck</u>			
22. I hereby certify that I attended the deceased from <u>March 31</u> , 19 <u>49</u> , to <u>called to</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M Martin Coronado</u>		23b. ADDRESS <u>Odessa Mo</u>	
23c. DATE SIGNED <u>3/31/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 1, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Grandpass</u>		24d. LOCATION (City, town, or county) (State) <u>Grandpass Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/31/49</u>		REGISTRAR'S SIGNATURE <u>Wm E Jordan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>		ADDRESS <u>Marshall Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-1-49

APR 7 1949

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.

Student .....  
Student Embalmer

Signed Harry Herberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.