

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40816
Registrar's No. 1135

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1135</u>				
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <u>Greene</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Springfield, Missouri</u>		a. STATE <u>Oklahoma</u>		b. COUNTY <u>Muskogee</u>				
c. LENGTH OF STAY (in this place) <u>12-7-49 to pr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Muskogee, Oklahoma</u>		d. STREET ADDRESS (If rural, give location) <u>524 N. 18th Street</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>										
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH							
a. (First) <u>TERREL</u>	b. (Middle) <u>(NMI)</u>	c. (Last) <u>JORDAN</u>	Month <u>December</u>	Day <u>21</u>	Year <u>1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 18, 1925</u>	9. AGE (in years last birthday) <u>24</u>	IF UNDER 1 YEAR Months <u></u>	IF UNDER 1 YEAR Days <u></u>	IF UNDER 24 HRS. Hours <u></u>	Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Master Cook</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Master Cook</u>		11. BIRTHPLACE (State or foreign country) <u>Oktaha, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>George Jordan</u>			13b. MOTHER'S MAIDEN NAME <u>Malinda Glazer</u>			14. NAME OF HUSBAND OR WIFE <u>Imogene Jordan</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW Two</u>			16. SOCIAL SECURITY NO. <u>444240597</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA Records, Springfield, Missouri</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, far-advanced, active.</u>				ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) _____						
				DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS				1. <u>Pericarditis, adhesive.</u>						
				2. <u>Enteritis, tuberculous.</u>						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>Dec. 7</u> , 19 <u>49</u> , to <u>Dec. 21</u> , 19 <u>49</u> , and that I saw the deceased <u>at the VA Hospital, Springfield, Missouri</u> , and that death occurred at <u>2:25 P.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>V. E. EISELE, M.D.</u>				23b. ADDRESS <u>VA Hospital, Springfield, Missouri</u>		23c. DATE SIGNED <u>12-21-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Muskogee, OKLA.</u>					
DATE REC'D BY LOCAL REG <u>12-23-49</u>		REGISTRAR'S SIGNATURE <u>W. S. Landley</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Schaefer, Springfield, Mo</u>					

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 Elene Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield, Me

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.