

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16809**
2012
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2012	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 45 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 344 No. Brighton 2070	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				3. NAME OF DECEASED a. (First) Frank b. (Middle) E c. (Last) Jourdan			
4. DATE OF DEATH May 1 1950		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid. ✓	
8. DATE OF BIRTH Oct. 6, 1881		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Eng.		11. BIRTHPLACE (State or foreign country) Missouri	
10b. KIND OF BUSINESS OR INDUSTRY K.C. Mun. Auditorium		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Jourdan	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ethel Jourdan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Lt. Ray Jourdan		17. INFORMANT'S SIGNATURE OR NAME U.S. Air force		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute Myocardial Infarction		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Myocardial Infarction		DUE TO (c) Coronary Sclerosis & Thrombosis		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Adhesive Pericarditis - Mitral Endocarditis	
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) (m.)		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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred _____, 19____, from the causes and on the date stated above.		23a. SIGNATURE Russell W. Kerr		23b. ADDRESS St. Joseph Hospital	
23c. DATE SIGNED 17 May 50		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-4-1950		24c. NAME OF CEMETERY OR CREMATORY Rock Springs	
24d. LOCATION (City, town, or county) (State) Holden Mo.		DATE REC'D BY LOCAL REG. 5-2-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son, Inc	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DYUOL

MM A

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed C. M. Janner.....

Licensed Embalmer No. 3453.....

P. O. Address 2826 IND BLVD.....

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.