S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 2 1950

State File No. 39868

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1452

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 5018½ King Hill Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First) JULIA ANN JORDAN
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Dec. 15, 1950

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: March 18, 1878
9. AGE (In years last birthday): 72 — If under 1 year: Months 8, Days 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Wayne County, Tenn. 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: Oscar Wilbanks
13b. MOTHER'S MAIDEN NAME: Susan Jane Farrow
14. NAME OF HUSBAND OR WIFE: Jasper Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Henry Kirschner 5605 King Hill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple abcesses of Kidneys — INTERVAL BETWEEN ONSET AND DEATH: Ukn.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) XXXXXX — 6001
DUE TO (c) ~~XXXXXXX~~ — Ukn

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diverticulosis of Sigmoid Colon — Ukn.
Uremia — Ukn.
Exfoliative Dermatitis — 6-8- days

19a. DATE OF OPERATION: XXXXX
19b. MAJOR FINDINGS OF OPERATION: XXXXXX
20. AUTOPSY? YES [X] NO [ ]

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): XXXXXXXXXXX m.
21e. INJURY OCCURRED WHILE AT [ ] NOT WHILE [ ] XXXXXXXXXXXXXXXXXXXX
21f. HOW DID INJURY OCCUR?: XXXXXXX

22. *I hereby certify that I attended the deceased from* November 28, 1950, *to* 12-15-, 1950, *that I last saw the deceased alive on* 12-15-, 1950, *and that death occurred at* 1:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arnold Sleraig MD
23b. ADDRESS: The Tootle Bldg. St. Joseph, Missouri
23c. DATE SIGNED: 12-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 12/18/50
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem.
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Dec 28, 1950
REGISTRAR'S SIGNATURE: Carl C. Cooley 446
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Earl A Clark 120 Illinois Av.

(Licensed Embalmer's Statement on Reverse Side)

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

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 [illegible]

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.