

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20210

State File No. \_\_\_\_\_  
Registrar's No. 2776

FILED JUL 7- 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>57475</u>		d. STREET ADDRESS (If rural, give location) <u>1434 East 4th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>JORDAN</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 4 1894</u>	9. AGE (In years last birthday) <u>57</u>	# UNDER 1 YEAR Months   Days	# UNDER 12 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS* OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>ROBERT JORDAN</u>	13b. MOTHER'S MAIDEN NAME <u>REBECCA</u>	14. NAME OF HUSBAND OR WIFE <u>Celesta Jordan Wife De.</u>
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CARRIE SMITH</u>	ADDRESS <u>1442 East 3rd Street</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>MULTIPLE PANCREATIC ABSCESSSES WITH ABSCESS OF LESSER SACK OF PELVIS &amp; SUB HEPATIC AREA</u> ANTECEDENT CAUSES <u>DUE TO (b) ACUTE PYELONEPHROSIS</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>CARDIAC HYPERTROPHY &amp; DILATATION WITH PULMONARY CONGESTION &amp; EDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16000</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 6-11, 1951, to 6-21, 1951, that I last saw the deceased alive on 6-21, 1951 and that death occurred at 7:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Ellis</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>600 East 22nd Street</u>	23c. DATE SIGNED <u>6-25-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>30</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City</u> <u>MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-30-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adkins Bros. Funeral Home Inc.</u>	ADDRESS <u>Adkins Bros. Funeral Home Inc.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

*C. Kenneth Reynolds*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4477

P. O. Address 2600 Frisco Ave.

**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.