

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42323

State File No. \_\_\_\_\_

5442

No. 300  
10-48

FILED JAN 5 1953

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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 (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>Unknown</u>		d. STREET ADDRESS (If rural, give location) <u>2611 Victor</u> <b>3588</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>			
3. NAME OF DECEASED a. (First) <u>William</u> (Type or Print)		b. (Middle)	c. (Last) <u>Jordan</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>12 10 52</u>	5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>11-25-1867</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) <u>Unknown Pullman Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Rocky Point, North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>Samuel Jordan</u>		13b. MOTHER'S MAIDEN NAME <u>Vina Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Katie Jordan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Katie Jordan, 2611 Victor</u>
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>11-25-52</u> , 19 <u>52</u> , to <u>12-10-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-10-52</u> , and that death occurred at <u>3:05 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Frank Ellis</u>		23b. ADDRESS <u>600 East 22nd Street</u>	23c. DATE SIGNED <u>12-11-52</u>
24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>Burial 12-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	24d. LOCATION (City, town, or county) (State) <u>20th &amp; Blue Ridge K.C. MO</u>
DATE REC'D BY LOCAL REG. <u>12-12-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Adkins Bros. Funeral Home K.C. Mo</u>

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed C Kenneth Kuford

Licensed Embalmer No. 4457

P. O. Address 260 Tracy St

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.