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FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15832**  
**1851**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>CLAY</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>	c. LENGTH OF STAY (in this place) <b>2 YRS</b>	c. CITY OR TOWN <b>NORTH KANSAS CITY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lickey Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>Telephone Rd 7 mi NORTH</b>	

3. NAME OF DECEASED (Type or Print) <b>ELIJAH PAPA JORDAN</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>APR 26 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>JAN 3, 1872</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Knoxville TENN</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Miles Jordan</b>	13b. MOTHER'S MAIDEN NAME <b>MARY MARTHA Kennedy</b>	14. NAME OF HUSBAND OR WIFE <b>ALMEDA JORDAN</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>L.M. JORDAN</b>	ADDRESS <b>ELDERADO KS.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct**, 19**25** to **April 26**, 19**56**, that I last saw the deceased alive on **April 26**, 19**56**, and that death occurred at **5:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>N. W. Anderson</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Box 8922 Claydon</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-28-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laura Wood Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Broken Arrow OKLA</b>
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DATE REC'D BY LOCAL REG. <b>4-28-56</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Neumanis</b>	ADDRESS <b>Law N. K. C.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1102-5697

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.....  
Signature of Student Embalmer

Signed.....  
John H. Halsbeck

Licensed Embalmer No. 479  
P. O. Address No. Kan

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.