

FILED APR 9 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4218

Registrar's No. 59

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Windsor  
(c) Name of hospital or institution:  
303 East Benton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 years  
In this community 9 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 303 E. Benton  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Mary Lewis Jordon

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John F. Jordon 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 7 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>5</u>	<u>13</u>	hr. _____ min.

9. Birthplace Henry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name C. C. Bradley

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Venerable

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant R. B. Jordon

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 2-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) March 10, 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20  
year 1943 hour 10:40 A.M. P.M.

21. I hereby certify that I attended the deceased from Jan 20  
1943 to Feb 20 1943  
that I last saw her alive on Feb 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death uremia  
Duration 3 days

Due to Kidney disease

Due to \_\_\_\_\_

Other conditions Fractured hip  
(Include pregnancy within 3 months of death) Duration 1 mo.

22. Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 042

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Ray B Jordon (M. D. or other)

Address Windsor Mo. Date signed 2-21-43

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

MOTHER FATHER

1069

APR 12 1943

RECEIVED  
District Health Officer No. 7,  
District File Number 3-43-54  
Date Filed 4-8-43

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ellis M. Hurlow

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10332  
Registrar's No. 59

Registration District No. 137

Primary Registration District No. 4218

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town..... (If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME May Lewis Jordan

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept (Month) 7 (Day) (Year)

8. AGE: Years 78 Months 5 Days 10 (If less than one day min.)

9. Birthplace Mo. (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry of business.....

MOTHER FATHER

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb year 1943 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death uremia

Due to kidney disease

Due to.....

Other conditions fractured hip  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Jan 20 1943

(c) Where did injury occur? Home Windsor Henry Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Ray Jordan (M. D. or other).....

Address Windsor Mo Date signed 4-28-43

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

SUPPLEMENTARY

