

The Winchester Sun - January 30, 1953

Death Comes To Mrs. B. F. Jordan

Mrs. Edna Ashcraft Jordan, 78, wife of B. F. Jordan, died at 8 a.m. today at her home on Winn Avenue, following a paralytic stroke suffered Sunday.

Mrs. Jordan was born at Old Landing and was a daughter of the late Mr. and Mrs. Elias Ashcraft. She was a member of the Christian Church.

In addition to her husband, survivors include two sons, Ernest Jordan and Harold Jordan, both of Winchester; a daughter, Mrs. Bertha Ruyon, Winchester; a sister, Mrs. Daisey Lariner, Roseburg, Ore.; nine grandchildren and six great-grandchildren.

Funeral services will be conducted at 2 p.m. Saturday at the Scobee Funeral Home by the Rev. Robert Flynn, pastor of the Christian Church at Irvine. Burial will be in the Winchester cemetery.

Active pallbearers will be Linville Stone, Wheeler Stone, Brown Jordan, Joe Holleran, Sherman Stevens and Butler Skinner; honorary, Dr. Thomas E. Averitt, Dr. E. A. Strode, J. D. Webb, Oliver Stone, A. C. Johnson, Goebel Rice, Joe Tuttle, James Tuttle, James Ashcraft, J. R. Cruse, J. H. Howell, Walter Goe, Albert Jordan and Earl Rhodes.

The body is at the funeral home.

Funeral And Burial Rites Set Saturday For Mrs. B. F. Jordan

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Mrs. Jordan died Thursday at her home on Winn Avenue following an illness of several days.

The body is at the funeral home.

Jordan, Edna Ashcraft 1874 - 1953



Form V. 8. 1-A		COMMONWEALTH OF KENTUCKY		FILE NO. 116 53-327
FEDERAL SECURITY AGENCY		Department of Health		REGISTRAR'S NO. 17
U. S. PUBLIC HEALTH SERVICE		BUREAU OF VITAL STATISTICS		365- Primary Registration District No. 2120
NATIONAL OFFICE VITAL STATISTICS		CERTIFICATE OF DEATH		
1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Kentucky b. COUNTY Clark		
b. CITY (If outside corporate limits, write RURAL and give township) Winchester		c. CITY (If outside corporate limits, write RURAL and give township) Winchester		
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Winn Ave.		d. STREET ADDRESS (If rural, give location) Winn Ave.		
3. NAME OF DECEASED a. (First) Mrs. Edna (Type or Print)		b. (Middle) Jordan		c. (Last) Jordan
4. DATE OF DEATH (Month) (Day) (Year) Jan. 29th. 1953		5. SEX Female & COLOR OR RACE White		
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 8th. 1874		
9. AGE (In years last birthday) 78 7 21		11. BIRTHPLACE (State or foreign country) Old Landing, Kentucky		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY 88		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elias Ashcraft		14. MOTHER'S MAIDEN NAME Miss Webb		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. B. F. Jordan
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Hemorrhage		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X-070-16		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Jan 25, 1953 to Jan 29, 1953 , that I last saw the deceased alive on Jan 29, 1953 , and that death occurred at 8:10 A.M. from the causes and on the date stated above.				
23a. DATE SIGNED 1/31/53		23b. ADDRESS Winchester, Ky.		23c. SIGNATURE Thomas E. Averitt (Degree or title) M.D.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 30th 1953		24c. NAME OF CEMETERY OR CREMATORY Winchester Cemetery
24d. LOCATION (City, town, or county) (State) Winchester, Kentucky		25a. DATE REC'D BY 1-31-53		
25b. REGISTRAR'S SIGNATURE Mary W. Watkins		25c. FUNERAL DIRECTOR Dr. Thomas E. Averitt		