

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

2004  
Do not use this space.

1. PLACE OF DEATH *Bone*  
 (a) County *Bone* Registration District No. *73*  
 (b) Township *Columbia* Primary Registration District No. *5112* Registered No. *17*  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Arthur Gardner, 635*  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *about 1893*  
 7. AGE YEARS *45* MONTHS ..... DAYS ..... If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Day Laborer*  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do not know*

FATHER  
 13. NAME *Gardner*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do not know*

MOTHER  
 15. MAIDEN NAME *Do not know*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do not know*

17. INFORMANT (ADDRESS) *Nicholas A. Federer  
Douphace, Mo.*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Douphace Mo* DATE *1-28-38*  
 19. FUNERAL DIRECTOR (ADDRESS) *W. J. Vandeventer  
Columbia Mo*  
 20. FILED *1/26/38* *Allie Selby* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *about Jan. 19th 1938*  
 22. I HEREBY CERTIFY, that I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
*Bronchopneumonia*  
*Myocarditis*  
*(natural death)*  
 Other contributory causes of importance: *928*

**RECEIVED**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 23. If death was due to external causes, fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur **BUREAU OF VITAL STATISTICS** (City, town, county, and State)  
 Specify whether in **MO. STATE BOARD OF HEALTH** (Hospital, in home, or in public place).  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased? *11*  
 If so, specify *W. J. Vandeventer* M. D.  
 (Signed) *W. J. Vandeventer* M. D.  
 (Address) *Columbia Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. N. Whitman, Licensed Embalmer No. 3893  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. N. Whitman  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W. N. Whitman  
Licensed Embalmer No. 3893

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.)