

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

REC'D AUG 26 1938

26607

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 806
(b) Township Pratts Primary Registration District No. 4455
(c) City Queencity Mo. (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Leo L. Gardner

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) January 6 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 5 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mail Carrier
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) June 17 1938
11. Total time (years) spent in this occupation Three

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Queencity Mo., 0

13. NAME Abner Gardner 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co., Mo., 0

15. MAIDEN NAME Orpha Sloop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co., Mo.,

17. INFORMANT Forrest Gardner
(ADDRESS) Lancaster Mo.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Queencity Cem. DATE July 5 1938

19. FUNERAL DIRECTOR Wm H West
(ADDRESS) Queencity Mo

20. FILED 7/4 1938 Orin B Jones
Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1938

22. I HEREBY CERTIFY, that I attended deceased from July 3 1938 to July 3 1938
Last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

Gun shot wound in forehead, penetrating to middle ear by 4-100 gauge
Date of onset _____

Other contributory causes of importance: 167

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 3, 1938
Where did injury occur? at father's residence
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Gun shot
Nature of injury Penetrated brain

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) F. H. S. Cunningham, M. D.

(Address) Downing, Mo., Prisoner?

STATEMENT BY LICENSED EMBALMER

I, Wm M West, Licensed Embalmer No. 2882

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)