

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

26023

Do not use this space.

REC'D AUG 7 1939

**1. PLACE OF DEATH**

(a) County Tankson Registration District No. 431  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3023 Registered No. 90  
 (c) City Warrensburg (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** h 35 Taber B. Gardner

(a) Residence, No. 412 Mc Goodwin 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 He 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Matt Gardner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
about 92

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister  
 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) 10 yrs ago 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trig Co. Ky.

13. NAME Billic Kebie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary Gardner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. T. B. Gardner

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE July 30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. F. Wilcox Funeral Service  
Warrensburg Mo.

20. FILED July 27 1939 804 955 Stentz  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1939

22. I HEREBY CERTIFY That I attended deceased from July 10th 1939, to July 27 1939  
 Last saw h. in alive on July 26 1939 Death is said to have occurred on the date stated above, at 1:20 P. M.

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

Date of onset several years

Other contributory causes of importance: age

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_ 1939

Where did injury occur? no injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) John T. Anderson M. D.  
377 (Address) Warrensburg Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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JAN 22 1947

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/14/47

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..... *Paul L. [Signature]*

Licensed Embalmer No. 3053

P. O. Address *Warrersburg 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, above space should be left blank.