

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

44034
Do not use this space.

1. PLACE OF DEATH
 (a) County Mercer 2 Registration District No. 553
 (b) Township Manson Primary Registration District No. 4325
 (c) City Mercer (d) Street No. _____ St.
 (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 Almeda Jane Gardner
 (a) Residence, No. Mercer Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Gardner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1851
 7. AGE YEARS 88 MONTHS 4 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Missouri

FATHER 13. NAME Samuel Shura

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER 15. MAIDEN NAME Maria Walkey

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) Wm. Arthur Gardner
Mercer Mo.

18. BURIAL, CREMATION, OR REMOVAL Mercer Mo. Burial 12/4 1939

19. FUNERAL DIRECTOR (ADDRESS) O. D. Greenlee
Greenlee, Pa.

20. FILED 12/4 1939 S. P. Davis
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1934 to Dec 2 1939
 I last saw her alive on Dec 1 1939 Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance: fall

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? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, 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?
 If so, specify _____
 (Signed) C. E. Powell, M. D.
 (Address) Greenlee Pa

V. S. NO. 2. 50M-7-20-37 1 X12004
 MARGIN RESERVED FOR BINDING
 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.

RECEIVED

District No. 100000 No. 11,

140-1853
JAN 10 1950

Date Filed

STATEMENT BY LICENSED EMBALMER

I, O. O. Greenlee, Licensed Embalmer No. 872

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ames L. Greenlee

L. E.

No. 3967 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed O. O. Greenlee

Licensed Embalmer No. 872

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.)