

Jan 15 1940

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

44286
Do not use this space.

Registered No. 343

1. PLACE OF DEATH
(a) County Pettis Registration District No. 66F
(b) Township Sedalia Primary Registration District No. 3032
(c) City Sedalia (d) Street No. 1405 West 11th. 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. da.

2. PRINT FULL NAME Anna Gardner
(a) Residence, No. 1405 West 11th. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Cole Camp (STATE OR COUNTRY) Mo.

FATHER 13. NAME Herman Teitjen

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

MOTHER 15. MAIDEN NAME Unkown

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

17. INFORMANT Mrs. Patrick Jones (ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Dec. 16, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED 12-16-39 Mrs. Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1937 to Dec 14, 1939
I last saw her alive on Dec 14, 1939 Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia accompanied
pleuritic effusion
Other contributory causes of importance: chronic hypertension

Name of operation None Date of None
What test confirmed diagnosis Chrom Was there an autopsy? No

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? No
If so, specify _____
(Signed) Chas. S. Sneed M. D.
Sedalia, Mo. (Address)

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 Health Officer No. 8,
L. E. The Embalmer
Date filed 11/2/40

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 Geo. DeLaud
Licensed Embalmer No. 3868
P. O. Address Sidalia, 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.