

No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MO JUN 1 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19281
Registrar's No. _____

Registration District No. 703

Primary Registration District No. 7034424

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Polk
(b) City or town Unionville, Mo
(c) Name of hospital or institution Geo Ommett /
Memo Hospital
(d) Length of stay: In hospital or institution 4 hours
In this community all his life

3. (a) PRINT FULL NAME Edwin Gardner
3. (b) If veteran, name war no
8. (c) Social Security No. no

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Mellie Smith
7. Birth date of deceased July 22 - 1885

8. AGE: Years 54 Months 10 Days 8
If less than one day hr. _____ min. _____

9. Birthplace: St. Clair Co., Missouri

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm F. Gardner
13. Birthplace St. Clair Co., Missouri
14. Maiden name Ellen Talley
15. Birthplace Missouri

16. (a) Informant Mrs. Nellie Gardner

(b) Address Osceola Mo

17. (a) Freeman (b) Date thereof 6-1-40

(c) Place: burial or cremation Freeman Cem

18. (a) Signature of funeral director [Signature]
(b) Address Osceola

19. (c) June 5-40 (Date received local registrar)
Ora M. Rish (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Clair Co
(c) City or town Osceola Mo
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30th
year 1940 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from 10:20-30
1940 to 2:30 PM, 1940

that I last saw him alive on 5-30 1940
and that death occurred on the date and hour stated above
Immediate cause of death accident in field working with team

Due to all appearance of rain away team
Due to broken (5) on left side fractured lining of Esophagus
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident suicide, or homicide (specify) accident
(b) Date of occurrence 5-30-40
(c) Where did injury occur? in field
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
25 on farm
While at work? work (Specify type of place)
(e) Means of injury seam
23. Signature A J Stuppelman (M. D. or other)
Address Polk County, Mo Date signed 5-30-40

Duration 7 hours
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number... 6-449-877

Date Filed 6-13-42

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



Licensed Embalmer No.

2094

P. O. Address

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.