

Registration District No. 2001

Primary Registration District No. 2001

1. PLACE OF BIRTH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1410 St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 92 Years
years, months or days

3. (a) PRINT FULL NAME LaFayette A. Gardner

8. (b) If veteran, name war Civil War 8. (c) Social Security No. No

4. Sex Male 6. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary A. Gardner 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased September 9 1847
(Month) (Day) (Year)

8. AGE: Years 93 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Wagon Maker

11. Industry or business

FATHER { 12. Name Unknown 9
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Unknown 9
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B.A. Ervin
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Nov. 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 11-4-40 (b) W.E. Handley MD
(Interceived local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1410 St. Louis, St.
0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1940 hour 9 minute 25 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him in bed above on Nov 4, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(Specify means of injury)

23. Signature R. H. White (M. D. or other) _____
Address Covered, Greene County Date signed 11-4-40

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

FILED NOV 20 1940

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 *L. Robin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.

X