

FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1777

State File No. _____

Registration District No. 85

Primary Registration District No. 100f

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution 2518 South 4th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 2518 South 4th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Billy Leroy Gardner

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2nd
year 1941 hour 8 minute 20 P. M.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 27, 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 27, 1940 to Jan 24, 1941; that I last saw him alive on Jan 24, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 0 Months 0 Days 6 If less than one day hr. _____ min. _____

Immediate cause of death: asphyxiation

9. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation none

Due to asphyxiation of mucous membrane

Due to _____

MOTHER FATHER

11. Industry or business _____

12. Name Franklin Gardner

13. Birthplace Rushville, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Fern Kerns

15. Birthplace Gower, Mo. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

16. (a) Informant Franklin Gardner

(b) Address 2518 South 4th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-41 (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Tracy Barry Funeral
218 South 10th St St. Joseph, Mo.

(b) Address _____

19. (a) Jan 6 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

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? Home (Specify type of place)

23. Signature Nam J. Pittcock (M. D. or other) MD
Address 202 West 1st St. St. Joseph, Mo. Date signed 1-4-41

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

Nicholas J. Barry, Registered Apprentice No. *252*

working under my personal supervision.

Signed *John E. Myers*

Licensed Embalmer No. *3220*

P. O. Address *St. Joseph, 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, fact should be so stated above.