DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11120

Registration District No. 443 Primary Registration District No. ~~200~~ 4261 Registrar's No. ~~100~~ 18

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

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Hurdland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: town of Hurdland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 52
(a) State Missouri (b) County Knox 0
(c) City or town Hurdland 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alfred N. Gardner
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife IDa M. Gardner
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April (Month) 4 (Day) 1864 (Year)

8. AGE: Years 76 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Viroqua (City, town, or county) Wisconsin (State or foreign country) 1
10. Usual occupation retired U.S. mail carrier
11. Industry or business
FATHER
12. Name John Gardner
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Catherine Lowrey
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Ida M. Gardner
(b) Address Hurdland Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-31-41 (Month) (Day) (Year)
(c) Place: burial or cremation Forrest Cemt.
18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville Mo.
19. (a) Mar. 31/41 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)
Apr. 22 1941 Mrs. C M Smith

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 29 day 29
year 1941 hour three minute 45 P. M.
21. I hereby certify that I attended the deceased from March 20, 1941, to March 29, 1941
that I last saw h ~~alive~~ alive on March 29, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	3 days
Uremia Poisoning	5 days
Due to Chronic Valvular heart lesion	3 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
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? 365 (Specify type of place)
While at work (e) Means of injury 2
23. Signature [signature] (M. D. or other) DO
Address Kirksville Mo Date signed 3-31-41

(Accepted Embalmer's Statement on Reverse Side)

92 B

RECEIVED
District Health Officer No. 10
District File Number 4-41-818
Date Filed APR 14 1941

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 Dee Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.