

No. 2
4-13-40
-17-39
X23159

FILED MAY 13 1941
318

State File No.

Registration District No.

Primary Registration District No. 2001

Registrar's No. 338

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

1. PLACE OF DEATH: **GREENE**
 (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 1931 N. DOUGLAS AVE
(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 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 1931 N Douglas
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME ETHEL GLADYS GARDNER.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
 year 1941 hour 4 minute 30 P.M.

3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

21. I hereby certify that I attended the deceased from January 11
 1941 to 4/20 1941;
 that I last saw h. et alive on 4/20/41 1941;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Robert H. Gardner
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Feb 12 - 1888
(Month) (Day) (Year)

Immediate cause of death Carcinoma of spine 18 Mo.
Due to Metastasis from Primary Carcinoma of Uterus
 Due to H.S.

8. AGE: Years 53 Months 2 Days 8 If less than one day 0 min.

9. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business In own home

12. Name Marvin Thompson

13. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Emma Taylor

15. Birthplace Unknown North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Robert H. Gardner

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director W. E. Handley
 (b) Address Springfield, Mo.

19. (a) 4-22-41 (b) W. E. Handley, M.D.
(Date received local registrar) (Registrar's signature)

Other conditions H.S.
(Include pregnancy within 3 months of death)

Major findings: Of operations H.S.

Of autopsy H.S.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

33. Signature Max J. [unclear] (M. D. or other) M.D.
 Address Springfield, Mo. Date signed 4/21/41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: *Ogden Sloan Jr.*

Licensed Embalmer No. *4126*

P. O. Address *Springfield*

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.

X