

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14768

State File No. _____
Registrar's No. 112

Registration District No. 398

Primary Registration District No. 3019

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
711 S. Fuller
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 38 Years
years, months or days)

3. (a) PRINT FULL NAME JOHN A. GARDNER
3. (b) If veteran, name war No.
3. (c) Social Security No. 495-10-3678

4. Sex Male White
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Janet Pearl Gardner
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 9 24 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Printing (Kelley Plummer Pnt. Co.)

MOTHER FATHER
12. Name John C. Gardner
13. Birthplace Plymouth Mass.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Eldridge
15. Birthplace Hingham Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Gardner
(b) Address Quincy, Mo.
17. (a) Burial (b) Date thereof 4-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director W. S. Cook
(b) Address 815 W. Maple Ave.
19. (a) April 24, 41 (b) J. L. Cook, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 711 S. Fuller.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23
year 1941 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov 7, 1939 to Apr. 23, 1941
that I last saw him alive on Apr. 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Coronary Sclerosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 94 W
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?
360 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. S. Cook (M. D. or other) _____
Address Independence, Mo. Date signed 4/23/41

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

48
4
4

C

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 Henry W. Stahl

Licensed Embalmer No. 3181

P. O. Address Independence 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.