

FILED FEB 10 1942

Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5337 Sawyer /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 5337 Sawyer /
(If rural, give location)
(e) Citizen of foreign country? N.A. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leana Sue Gardner

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 14 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 24 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name John Gardner

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

{ 14. Maiden name Jean Hammond

{ 15. Birthplace Maryville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jean Gardner

(b) Address St Joseph Missouri

17. (a) Burial (b) Date thereof Jan 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn

18. (a) Signature of funeral director Eleman & Son Inc.

(b) Address St Joseph Missouri

19. (a) 1/9/42 (b) H J Pittsford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day Jan.
year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I viewed the deceased from
Jan 8th 1942 to _____ 19____;
that I last saw h. alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation by
bedding Duration 1 day

Due to 112°
10/16

Other conditions Baby apparently smothered
(Include pregnancy within 3 months of death)
Major findings: while lying on its
face on a soft pillow in
Of operations no Of autopsy no its basket

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) accident 131

(b) Date of occurrence Jan 8 - 1942

(c) Where did injury occur? St Joseph Buch MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (e) Means of injury bedding

23. Signature H F Mundy (M. D. coroner)
Address 404 So 3d Date signed 1/7/42

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, Me
1-8-42, Registered Apprentice No. _____
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.