

7. S. No. 2
 DM-9.4-41
 Rev. 5-17-39
 I X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 2793
 Registrar's No. 1

FILED FEB 20 1942
 534
 Registration District No. 534

Primary Registration District No. 5917

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

1. PLACE OF DEATH:
 (a) County Macon
 (b) City or town New Cambria S. in Gas. Dist.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Twenty one years (Specify whether)
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Macon 61
 (c) City or town New Cambria Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural 1 mile South of New Cambria
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME LOURELA MYRA GARDNER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 4 LT
 year 1942 hour 10 minute 30 AM
 21. I hereby certify that I attended the deceased from Sept 14 to Jan 4 1942
 that I last saw her alive on Jan 4 1942
 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 Reverend H. M. Gardner
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased July 8 1862
 (Month) (Day) (Year)

Immediate cause of death Acute Myocarditis Duration 4 Day
 Due to Chronic Myocarditis 3 mo
 Due to Senile Degeneration
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy no 9:30

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>24</u>	— hr. — min.

9. Birthplace Pleasant Hope Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation House wife

MOTHER FATHER
 11. Industry or business _____
 12. Name Adam Fullerton
 13. Birthplace _____ 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Lizzy Faucett
 15. Birthplace Murray Co Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant H. M. Gardner
 (b) Address New Cambria MO
 17. (a) Burial (b) Date thereof Jan 6 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bowling Green MO
 18. (a) Signature of funeral director H. F. Hilliland
 (b) Address New Cambria MO
 19. (a) Jan 6 1942 (b) Almena M. Hilliland
 (Date received local registrar) (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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Ad West (M. D. or other)
 Address New Cambria MO Date signed Jan 5 1942

1000

RECEIVED

District Health Officer No. 10

District File Number 2-42-324

Date Filed FEB 19 1942

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: H. J. Gilleland

Licensed Embalmer No. 4019

P. O. Address New Cambria, 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.