

FILED MAR 16 1942
Registration District No. 3929

Primary Registration District No. 1002

Registrar's No. 909

1. PLACE OF DEATH: Jackson
 (a) County _____
 (b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 mos. & 14 days
(Specify whether)
 In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State: Missouri (b) County: Jackson 2
 (c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No.: 1614 N. Monroe
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Corwin F. Gardner
 (b) If veteran, name war _____
 (c) Social Security No.: None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 18th
 year 1942 hour 4:00 P.M. minute _____ M.

4. Sex: Male
 5. Color or race: W.
 6. (a) Single, widowed, married, divorced: Single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 12-4-41, 19____, to 2-18-42, 19____; that I last saw him alive on 2-18-42, 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased: June 27th 1867 (Year)
 8. AGE: Years 74 Months 7 Days 23 hr. _____ min.

Immediate cause of death: Fracture of right femur, accidental fall and hypostatic pneumonia; Due to Cirrhosis of liver
 Due to _____
 Other conditions: 1860x 18
(Include pregnancy within 3 months of death)

9. Birthplace: Iowa (State or foreign country)
 10. Usual occupation: Laborer

Major findings: Of operations _____
 Of autopsy: See above
 PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name: Fred Gardner
 13. Birthplace: England (State or foreign country)
 14. Maiden name: Sarah Bell
 15. Birthplace: Ohio (State or foreign country)

16. (a) Informant: Record clerk
 (b) Address: K.C. General Hospital
 17. (a) Burial (Burial, cremation, or removal)
 (b) Date thereof: 3-9-42 (Month) (Day) (Year)
 (c) Place: burial or cremation: _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify): accidental fall
 (b) Date of occurrence: 12-4-41--details not of record
 (c) Where did injury occur?: 123 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: _____
 (b) Address: _____
 19. (a) 3/5/42 (Date received local registrar)
 (b) M. M. Crowl (Registrar's signature)

23. Signature: _____ (M. D. or other)
 Address: Med. Dir. K.C. Gen. Hospital Date signed _____
(Specify type of place) (e) Means of injury: Fall

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

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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.....

1. 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.