

FILED MAR 9 1947

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **53**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence, Mo.**
(c) Name of hospital or institution: **Independence Sanitarium**
(d) Length of stay: In hospital or institution **1 month 29 days**
In this community **infant**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Independence**
(d) Street No. **320 S. Fuller**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Ronald Louis Gard**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Wht.** 6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 13, 1941**

8. AGE: Years Months Days If less than one day
0 1 29 hr. min.

9. Birthplace **Independence Missouri**

10. Usual occupation **infant**

11. Industry or business _____

MOTHER FATHER { 12. Name **Quentin Gard**
13. Birthplace **Independence Missouri**
14. Maiden name **Spock**
15. Birthplace **Independence Missouri**

16. (a) Informant **Quentin Gard**
(b) Address **320 S. Fuller St.**

17. (a) **Burial** (b) Date thereof **Feb. 13, 1947**
(c) Place: burial or cremation **Woodlawn Cem.**

18. (a) Signature of funeral director **Gato & Speaks**
(b) Address **Independence Missouri**

19. (a) **Feb. 12-47** (b) **James Ross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **17** year **1947** hour **5** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Dec 13** to **Feb 17**, 1947
that I last saw him alive on **Feb 17**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**

Due to **Prematurity (Born 12-13-46)**
(Died 3-6-47)

Due to _____

Other conditions (Include pregnancy within 3 months of death) **159**

Major findings: Of operations _____
Of autopsy **Pneumonia**

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

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

23. Signature **James Ross** (M. D. or other) **MD**
Address **400 W. Hill Blvd Bldg** Date signed **2-17-47**

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

48
4
4

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 me

working under my personal supervision.

Registered Apprentice No. _____

Signed

Roland H. Speake

Licensed Embalmer No. 3604

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.