

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

FILED - MAY 1948

8 1942

State File No.

Registration District No. 198

Primary Registration District No. 30115277A

Registrar's No. 76

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

89
0
0

1. PLACE OF DEATH:
 (a) County: Ray County
 (b) City or town: Rural Fishing River
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 miles North East of Jpg.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: no
(Specify whether years, months or days)
 In this community: 82 yrs 11 m 2 da

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Ray 89
 (c) City or town: Rural Electric Springs
(If outside city or town limits, write "RURAL" and name of township)
 (d) Street No.: 3 miles North East of Jpg.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: LAURA FRANCIS GARDNER

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month: April day: 21
 year: 1942 hour: 7 minute: 30 P.M.

4. Sex: female 5. Color or race: white 6. (a) Single, widowed, married, divorced: widowed
 6. (b) Name of husband or wife: Harrison Gardner 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: May 28 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 10
1942 to April 21, 1942
 that I last saw her alive on April 21, 1942
 and that death occurred on the date and hour stated above

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>23</u>	hr. min.

Immediate cause of death: Maleric Poisoning Duration: 10 Days

9. Birthplace: Ray Co. Mo
(City, town, or county) (State or foreign country)

Due to: Influenza Jan. 1942
Quinsy, Ophryngomyxoma
Nephritis

10. Usual occupation: at Home

Other conditions: old age
(Include pregnancy within 3 months of death)

11. Industry or business: _____

Major findings: 1318 PHYSICIAN

12. Name: Thomas C. Adams

Of operations: ✓
 Of autopsy: waut made
 Underline the cause to which death should be charged statistically.

13. Birthplace: Ray Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name: ✓

15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant: John Westley Paton

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify): no

(b) Address: Ray Co. Mo

(b) Date of occurrence: _____

17. (a) Burial (b) Date thereof: 4/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation: New Garden

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

18. (a) Signature of funeral director: Herbert Kopf

While at work: _____
(Specify type of place) (e) Means of injury: ✓

(b) Address: Electric Springs

23. Signature: John L. Ornel (M. D. or other) MD

19. (a) 5-2-42 (b) John L. Ornel
(Date received local Registrar) (Registrar's signature)

Address: Electric Springs Date signed: 4/27/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-2-42 _____

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, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Chas. Virgil Hope _____

Licensed Embalmer No. 3950 _____

P. O. Address Excelsior Springs _____

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.