

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20830

State File No. ....

Registrar's No. 187

Registration District No. 125

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau, Mo.  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 day  
(Specify whether  
In this community 1 day  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 days of Stoddard  
(c) City or town Cape Girardeau, Mo. Advance  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If (yes, name country) .....

3. (a) PRINT FULL NAME Cyrus Gardner

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

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

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased. Known Dec. 1, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 6 14 hr. min.

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

10. Usual occupation Farmer

11. Industry or business .....

12. Name I know

13. Birthplace I know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Lupo

15. Birthplace I know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Bass

(b) Address Cape Girardeau

17. (a) Buried (b) Date thereof 6-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Municipal Park

18. (a) Signature of funeral director Watkins Service

(b) Address Wright Ave

19. (a) 6-16-42 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1942 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 15 1942 to June 15 1942  
that I last saw him alive on June 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute gangrenous diverticulitis of the  
intestines Duration 2 days

Due to intestines  
Due to 12313  
Other conditions (include pregnancy within 3 months of death) .....

Major findings: Of operations no operation  
Of autopsy Acute gangrenous diverticulitis of the intestines  
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) .....

(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 P. A. Pitter, M.D. (M. D. or other) .....

Address Cape Girardeau, Mo Date signed 6-16-42

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

16  
4

note

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1014

RECEIVED

District Health Officer No. 4  
District File Number 742-94  
Date Filed 7-14-42

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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 *W. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *Opp. Guardian N.Y.*

**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.