

FILED SEP 3 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Colonial Rest Home - 7611 Wornall Road
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Month
 In this community 60 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City th Street
 (If outside city or town limits, write "RURAL")
 (d) Street No. 905 West 77th Street
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Mr. John Gardiner
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 15 year 1942 hour 2 minute 20 P M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Mary Gardiner
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased October 3 1858
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1st 1942 to Aug 15 1942 that I last saw him alive on Aug 15 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>10</u>	<u>12</u>	<u>hr. min.</u>

Immediate cause of death Schizophrenia
 Due to old age

9. Birthplace Unknown Canada 2
 (City, town, or county) (State or foreign country)

Due to 84B

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Swift & Company

PHYSICIAN

12. Name Unknown Gardiner

Major findings: Of operations

13. Birthplace Scotland 4
 (City, town, or county) (State or foreign country)

Of autopsy

14. Maiden name Margaret Unknown

Underline the cause to which death should be charged statistically.

15. Birthplace Scotland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Landwehr
 (b) Address 905 West 77th Street

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Aug. 18, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. St. Mary's Cemetery

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

18. (a) Signature of funeral director D. N. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.

23. Signature Over P. McKeown (M. D. or other) W. J.
 Address Professional Bldg. Date signed 8-17-42

19. (a) 8-17-42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

561

811 West 57th Street
6:45 P.M.

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. C. Newcomer Jr.*
Licensed Embalmer No. *4043*
P. O. Address..... *K. C. 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.