

Registration District No. 210

Primary Registration District No. 5773

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Morgan sup  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 62 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. North East of Princeton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Harry O. Girdner

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Girdner 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased April 20 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 5 9 hr. min.

9. Birthplace Mercer Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name King D. Girdner  
13. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ann Underwood  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Girdner  
(b) Address Princeton, Mo.  
17. (a) Burial (b) Date thereof Oct. 1. 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Underwood

18. (a) Signature of funeral director Martin James Home  
(b) Address Princeton, Mo.  
19. (a) 9-30-42 (b) Jessie Waller  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29  
year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 1  
1942 to Sept 29, 1942  
that I last saw him alive on Sept 29, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93e!

Major findings: Of operations \_\_\_\_\_

Of autopsy no

Duration

PHYSICIAN

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 J. M. Perry M.D. (M. D. or other) no  
Address Princeton Date signed 9/30-42

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

65  
00

65  
3

0

0

MOTHER FATHER

1117

**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. J. ...*

Licensed Embalmer No.

*3760*

P. O. Address

*Pinebluff, S.C.*

**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.**