

FILED DEC 7 1942 3

Registration District No. \_\_\_\_\_

Primary Registration District No. **3003**

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

1. PLACE OF DEATH: **Lawrence**

(a) County **Lawrence**

(b) City or town **Verona**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Verona Hospital 0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days** (Specify whether)

In this community **about 25 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry 5**

(c) City or town **Monett** (If outside city or town limits, write "RURAL") **1**

(d) Street No. **8th street** (If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country **1**

3. (a) PRINT FULL NAME **William Scott Gardner**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **20th** year **1942** hour **8:40** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Jan 17th** 1942 to **Nov 20** 1942.

4. Sex **Male** 5. Color or Race **White**

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 **November 9 1890**  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Urna** Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

**52** **11** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Chronic interstitial nephritis**

9. Birthplace **Malden Missouri 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Real Estate Agent**

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

Other conditions (Include pregnancy within 3 months of death) **12/a**

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

12. Name **Winfield Scott Gardner**

13. Birthplace **Alabama**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha M. Bray**

15. Birthplace **Dunklin County Missouri**  
(City, town, or county) (State or foreign country)

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Martha M. Berry**

(b) Address **32 1/2 Bank St. Seymour Mo.**

17. (a) **Burial** (b) Date thereof **11-22-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **200 F. Cemetery Monett Mo.**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Callaway**

(b) Address **Monett Mo**

19. (a) **11-22-1942** (b) **The Rev. Harman**  
(Date received local registrar) (Registrar's signature)

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

23. Signature **W.C. Gayle** (M. D. Brother) **00**

Address **100 - 4th** Date signed **11/22/42**

RECEIVED

District Health Officer No. 6,

District File Number 1242-1662

Date Filed DEC 4 1942

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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

*J. P. Buchanan*

Licensed Embalmer No. 3179

P. O. Address

*Monroville Pa*

**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.**