S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5636

State File No.

FILED FEB 19 1943

Registration District No.

Primary Registration District No. 3000

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Home 1024 E McPherson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1024 E McPherson
(If rural, give location)

(e) Citizen of foreign country? o (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred A. Gardner

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 M Gardner

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March (Month) 24 (Day) 1870 (Year)

8. AGE: Years 72 Months 8 Days 13 If less than one day hr. ✓ min.

9. Birthplace Deer Park Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name John I Gardner
13. Birthplace Scotland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Lamboum
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Gardner
(b) Address Kirksville Mo

17. (a) Kirksville Mo (Burial, cremation, or removal) (b) Date thereof Jan 7 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville Mo

19. (a) Jan. 11, 1943 (Date received local registrar) (b) Mrs. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July, 1941, to Jan 1943 that I last saw h. alive on Jan 5 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular heart disease	4 yrs
Due to Arterio-Sclerosis + Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H M Humphrey (M. D. or other) M.D.

Address Kirksville Mo Date signed 1-6-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 243-377
Date Filed FEB 16 1943

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville 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.