S. No. 2
M—2-43
5-17-39
I X35

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26372

State File No.

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 80

18
1
2

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 428 S. Pine St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether in this community Seven Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108 1 2

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

(d) Street No. 428 S. Pine St. (If rural, give location)

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

If yes, name country — — 0

3. (a) PRINT FULL NAME Maggie JOSEPHENE GARD

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex F

5. Color or race W.

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Grant Gard

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Feb (Month) - 2 (Day) - 1871 (Year)

8. AGE: Years 72 Months 5 Days 15 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name not Known
13. Birthplace not Known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not Known
15. Birthplace not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine Holland

(b) Address 519 B Ave Miami Okla

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Beckett Cemet

18. (a) Signature of funeral director Terry Funeral Home

(b) Address Nevada Mo

19. (a) 7-29-43 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

1351

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day July year 1943 hour not Known M.

21. I hereby certify that I attended the deceased from Jan 4 1943 to July 16 1943 that I last saw her alive on July 5 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 7 M

Due to Dont Know.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

930

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 0

23. Signature J. W. Love (M. D. or other)

Address Nevada Mo. Date signed 7/26/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 6 1943

RECEIVED
District Health Officer No. 7,
District File Number 7-43-729
Date Filed 8-5-43

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 Mike E Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.