

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

FILED OCT 6 1943 2
Registration District No. 4

Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County. COOPER
(b) City or town. Boonville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alex Ravenshaw Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 0
(Specify whether)
In this community 1 mo
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. PETTIS 080
(c) City or town. SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Christen Florence 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. Katherine alive 80 years 6. (c) Age of husband or wife if
7. Birth date of deceased April 6 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Cole Camp Mo (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Cemetery

12. Name Charles Gardner

13. Birthplace Holland Mo (City, town, or county) (State or foreign country)

14. Maiden name Rachel

15. Birthplace Holland Mo (City, town, or county) (State or foreign country)

16. (a) Informant R. F. Gardner

(b) Address Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director M. S. Laughlin Buz

(b) Address Sedalia Mo

19. (a) 9-19-43 (b) Dr. Chas. Swap, (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 19 year 1943 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from 8-19 1943 to 9-19 1943 that I last saw him alive on 9-18-1943 and that death occurred on the date and hour stated above.

Immediate cause of death. UREMIA

Due to PROSTATIC HYPERTROPHY & RETENTION

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations HYPERTROPHIED PROSTATE

Of autopsy 137a

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 Hubrey Hoffella (M. D. or other)

Address Boonville Mo Date signed 9-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1088

RECEIVED

District Health Officer No. 8,

District File Number ~~-----~~

Date Filed ~~-----~~ 6-9-1933

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..... Robert W. Reed

Licensed Embalmer No. 3745

P. O. Address..... Sedalia 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.