

S. No. 2
OM-542
5-17-70

FILED JUL 25 1944
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 589

1. PLACE OF DEATH:
(a) County Douglas Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark 77
(c) City or town Souder Star Route 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Washington Gardner
(b) If veteran, name war No
(c) Social Security No. UNK.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15
year 1944 hour 1 minute 15; A. M.
21. I hereby certify that I attended the deceased from 7-12-44
_____, 19____, to 7-14, 1944
that I last saw him alive on 7-14, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lenora Gardner 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased: February 24, 1874
(Month) (Day) (Year)

Immediate cause of death Cardiovascular Renal Disease Duration 3 day
Due to Arterio Sclerosis 13/2 3 years
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>4</u>	<u>21</u>	hr. _____ min. _____

Other conditions Tuberculosis?
(Include pregnancy within 3 months of death)
Asphyxiation from all Weytlin
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Ozark County, Missouri 11
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Gardner
13. Birthplace Unknown unk. 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Gardner
15. Birthplace Union, Missouri Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Lenora Gardner
(b) Address Souder, Missouri

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 7-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Souder
18. (a) Signature of funeral director Clinkbeard Funeral Home
(b) Address Ava, Missouri

While at work? _____ (Specify type of place) _____ (Means of injury)
23. Signature _____ (M. D. or other) _____
Address Springfield, Mo. Date signed 7/27/44

19. (a) 7-17-44 (b) Dr. W. Handley
(Date received local registrar) (Registrar's signature)

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

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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..... *W.B. Litchner*

Licensed Embalmer No. *3431*

P. O. Address..... *Arva Md*

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.