

FILED OCT 24 1944

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 816

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 833 S. Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 64 Years (Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 833 S. Campbell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Henry Gardner

3. (b) If veteran, name war No

3. (c) Social Security No No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Gardner 6. (c) Age of husband or wife if alive, years 26 1880

7. Birth date of deceased August 2, 1880 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation City Policeman

11. Industry or business

MOTHER FATHER { 12. Name John Gardner
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hines
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Gardner
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 10/15/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WELSH CEMETERY

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 10-14-44 (b) H. W. Handley (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1944 hour 3 minute 15 p. M.

21. I hereby certify that I attended the deceased from Fall 1942 to 10/12/44, 1944 that I last saw him alive on about Oct 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-reveal disease Duration 2yr

Due to.....

Due to..... 13/10

Other conditions (Include pregnancy within 3 months of death)

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 Dr. Callaway (M. D. or other) M.D. Address Springfield, Mo. Date signed 10/14/44

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

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 *Walter E Hamilton*.....

Licensed Embalmer No.....3808.....

P.O. Address *Springfield, 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.

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