

No. 2
-2-43
-17-39
X35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38171

State File No. _____
Registrar's No. 118

Registration District No. 175
Primary Registration District No. 4275

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 22 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 55
(c) City or town Marionville
(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 Martha Frances Gardner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV. day 3
year 1944 hour 12 minute 55 P.M.
21. I hereby certify that I attended the deceased from Oct 31
1944 to Nov 3 1944
that I last saw her alive on Nov 2 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William Madison Gardner 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased March 23, 1860
(Month) (Day) (Year)

Immediate cause of death Senility
Duration _____

8. AGE: Years 84 Months 7 Days 11
If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Carroll Co., Tenn.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Underline the cause to which death should be charged statistically.
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11. Industry or business _____
12. Name Anderson Woodard, Tenn.
13. Birthplace Carroll Co., Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Holland
15. Birthplace Henderson Co., Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant W. M. Gardner
(b) Address Marionville, Mo.

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 _____

17. (a) Burial (b) Date thereof 11-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marionville, Mo.
18. (a) Signature of funeral director J. B. Bradford
(b) Address Marionville, Mo.
19. (a) 11-4-44 (b) Eunice Bradford
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Herron (M. D. or other) _____
Address Aurora, Mo. Date signed 11-3-44

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

RECEIVED

District Health Officer No. 6,

District File Number 1244-1316

Date Filed DEC 11 1944

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 Herman Purridge

Licensed Embalmer No. 3072

P. O. Address Aurora Ill

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.