S. No. 2
M—8-43
. 5-17-39
A I X37623

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 184

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5688

State File No. 6534

Registrar's No. 43

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Linn
(c) City or town: Bucklin (Rural) (If outside city or town limits, write "RURAL")
(d) Street No.: Rt 2 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: DORA ALICE GARDNER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: F.
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Nov. (Month) 11 (Day) 1877 (Year)
8. AGE: Years 67 Months 1 Days 29 If less than one day ..... hr. ..... min.
9. Birthplace: Bucklin (City, town or county) Mo. (State or foreign country)
10. Usual occupation: Housekeeping
11. Industry or business: "
MOTHER FATHER
12. Name: George Gardner
13. Birthplace: unknown (City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. H. L. Simpkins
(b) Address: Marceline, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 13, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Grove Cem.
18. (a) Signature of funeral director: Larson Funeral Service
(b) Address: Bucklin, Mo
19. (a) 1-16-1945 (Date received local registrar) (b) W H Carson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1945 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 1, 1945, to ....., 19..; that I last saw h... alive on ....., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Automobile Accident	
Due to: Broken Neck and other injuries	
Due to: Hit by Santa Fe train #24	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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: J. L. Christwell (M. D. or ~~other~~)
Address: Bucklin, Mo. Date signed 1/12/45

456

(Licensed Embalmer's Statement on Reverse Side)

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin 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.

S. No. 2B
M—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 184 Primary Registration District No. 5688 Registrar's No. 43

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural Bucklin Twp
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 Dora A. Gardner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck in Auto Accident also other injuries Hit by Santa Fe train #24

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

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) Accident

(b) Date of occurrence Jan 10. 1945.

(c) Where did injury occur? Bucklin. Linn. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? Crossing trout In Auto (e) Means of injury Hit by train #24

23. Signature J. C. Cantwell (M. D. or other) 2/21/45

Address Bucklin Mo Date signed

6534