

FILED JAN 25 1946
Registration District No. **323**

Primary Registration District No. **4479**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Schuyler**
(b) City or town **Queen city**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **two years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE W. GARDNER**

3. (b) If veteran, name war **none** 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 **Emma** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **july 6 1871**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **12** If less than one day **hr. min.**

9. Birthplace **near Queen city, Schuyler, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **John Gardner**
13. Birthplace **Penn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Ellen McCormick**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. L. Gardner**

(b) Address **Queen city, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 20-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Queen city cemetery**

18. (a) Signature of funeral director **Wm. H. O'Neil**

(b) Address **Queen city, Mo.**

19. (a) **12/20-1945** (b) **Wm. H. O'Neil**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Schuyler**
(c) City or town **Queen city**
(If outside city or town limits, write "RURAL")
(d) Street No. **—** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **18**
year **1945** hour **—** minute **—** M.

21. I hereby certify that I attended the deceased from **Dec 17**
19 **45** to **—**, 19 **—**;
that I last saw him alive on **Dec 17**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 days**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Stroke**

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 **Wm. H. O'Neil** (M.D. or other)

Address **Queen city, Mo.** Date signed **12-29-45**

RECEIVED
District Health Officer No. 10
District File Number 1-46-91
Date Filed JAN-23-1946

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.

Wm A West

Licensed Embalmer No.

2882

P. O. Address.

Quincy 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.