

S. No. 2
M-5-43
7. 5-17-39
P I X3667

FILED JUN 12 1946

5655

Registration District No. 383 Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mount Vernon Twn Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 270 days
 (Specify whether years, months or days) 270 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph //
 (If outside city or town limits, write "RURAL") //
 (d) Street No. 315 South 15th St. //
 (If rural, give location) //
 (e) Citizen of foreign country? _____ (Yes or No) //
 If yes, name country _____

3. (a) PRINT FULL NAME Katherine L. Gardner
 (b) If veteran, name war no
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 24 year 1946 hour 12 minute 45 A M.
 21. I hereby certify that I attended the deceased from August 28, 1945, to May 23, 1946; that I last saw her alive on May 23, 1946; 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 Single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 10 1902
 (Month) (Day) (Year)

Immediate cause of death _____
Pulmonary tuberculosis
 Due to _____
 Duration About 1 yr.

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>9</u>	<u>14</u>	hr. _____ min.

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

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

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? _____

10. Usual occupation Clerk
 11. Industry or business Kresge Store
 12. Name Wallace E. Gardner
 13. Birthplace Unknown Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma F. Pettyjohn
 15. Birthplace unknown Kansas
 (City, town, or county) (State or foreign country)

23. Signature C. O. Brasler M. D. (Specify type of place) (e) Means of injury 0
 Address Mo. State San. Mount Vernon, Date signed 5-24-46

16. (a) Informant Ethel Michael, Record Clerk
 (b) Address Mo. State San. Mount Vernon, Mo.
 17. (a) Removal (b) Date thereof 5/24/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Joseph Mo
 18. (a) Signature of funeral director Geo B. Orr
 (b) Address Mount Vernon Mo
 19. (a) 5/28/46 (b) Ed. Hellick
 (Date received local registrar) (Registrar's signature)

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

16072

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646-665
JUN 11 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.....
Licensed Embalmer No. 946
P. O. Address..... Frank Vernon Jr

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.