

FILED MAY 5 1947

3028

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Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County... Jasper
(b) City or town... Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution... McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 6 days
In this community... 56 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jasper
(c) City or town... Carthage
(If outside city or town limits, write "RURAL")
(d) Street No... 803 Clinton St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME... Mary Alice Gardner

3. (b) If veteran, name war...
3. (c) Social Security No.

4. Sex... female
5. Color or race... white
6. (a) Single, widowed, married, divorced... widowed
6. (b) Name of husband or wife... Charles Gardner
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... November 24 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 4 29 hr. min.

9. Birthplace... Wapello County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation... at home

11. Industry or business... ---

12. Name... Don Majors

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. Mary A. Welton

(b) Address... 1116 Clinton, Carthage, Mo.

17. (a) burial (b) Date thereof... Apr 25, '47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Park Cemetery

18. (a) Signature of funeral director... Knell Mortuary
(b) Address... Carthage, Mo.

19. (a) 4-24-47 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April day... 23
year... 1947 hour... 12:30 minute... P

21. I hereby certify that I attended the deceased from... April 18, 1947, to... April 23, 1947
that I last saw her alive on... April 23, 1947
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death... Fracture, neck of femur with shock
Due to... accident - fall in of own home
Due to...
Other conditions... Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations...
Of autopsy...
PHYSICIAN

22. If death was due to external causes, fill in the following: accident
(a) Accident, ~~fall in home~~ fall in home
(b) Date of occurrence... April 28, 1947
(c) Where did injury occur? Carthage Jasper Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work... no (Specify type of place)
(e) Means of injury... fall in dark.

23. Signature... George H. Wood (M. or other)
Address... Carthage Mo Date signed... April 24, 47

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

MOTHER FATHER

47-3-361

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.....

Robert H. Knell

Registered Apprentice No. *406*

working under my personal supervision.

Signed.....

Frank W. Knell Jr

Licensed Embalmer No. *4440*

P. O. Address.....

Carthage

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.