No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37124

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1356

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1922 South 5th St.
(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: Entire life. 1

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 1922 South 5th. Street. 7
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JESSE FRANKLIN GARDNER.
3. (b) If veteran, name war: No.
3. (c) Social Security No.: None.
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: single 0
6. (b) Name of husband or wife: ---
6. (c) Age of husband or wife if alive: ___ years
7. Birth date of deceased: September 24th. 1947 (Month) (Day) (Year)

8. AGE: ✓ Years: 0 | Months: One | Days: Seven | If less than one day: --- hr. --- min.

9. Birthplace: St. Joseph. (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation: NONE
11. Industry or business: ---
FATHER 12. Name: Melvin Curtis Gardner.
FATHER 13. Birthplace: Rushville, Missouri. 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Lillian Mildred Howard.
MOTHER 15. Birthplace: Kanses City, Missouri. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Melvin Curtis Gardner.
(b) Address: 1922 South 5th. Street.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Nov. 4, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Mac E. R. Sidenfaden
(b) Address: 602 South 10th. Street. St. Jos.
19. (a) 11-17-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 2nd. year: 1947 at about 5: minute AM M.
21. I hereby certify that I attended the deceased from: Nov 2nd 47 viewed, 19..., 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: Broncho Pneumonia	
Due to: Acute cold	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 107	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? 3
While at work? (Specify type of place) (e) Means of injury: Coroner
23. Signature: B. W. Tadlock (M. D. or other)
Address: King Hill Bldg. Date signed: 11/3 '47
St. Joseph, Mo.

Jefferson City Printing Co. (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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.