

No. 2  
-1/43  
5-17-39

National Office of Vital Statistics  
**FILED JUN 15 1948**  
Registration District No. ....

Primary Registration District No. **5501**

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

1. PLACE OF DEATH: **7 Harrison**

(a) County: **Harrison**

(b) City or town: **Rural Washington Twp**  
(If outside city or town limits, write "RURAL" and name of town/ship)

(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: **most all of life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **Harrison**

(c) City or town: **Rural** **41**  
(If outside city or town limits, write "RURAL")

(d) Street No.: **0**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME: **Roy Gardner**

3. (b) If veteran, name war: **—**

3. (c) Social Security No.: **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10** year **1948** hour **4** minute **A** M.

21. I hereby certify that I attended the deceased from **Apr 26** 19**48** to **May 10** 19**48** that I last saw him alive on **May 19<sup>th</sup>** 19**48** and that death occurred on the date and hour stated above.

4. Sex: **male**

5. Color or race: **white**

6. (a) Single, widowed, married, divorced: **married**

6. (b) Name of husband or wife: **Vira Gardner**

6. (c) Age of husband or wife if alive: **53** years

7. Birth date of deceased: **Sept 3 1890**  
(Month) (Day) (Year)

Immediate cause of death: **Umbilical Carcinoma**

Due to: .....

Due to: .....

Other conditions: (Include pregnancy within 3 months of death) .....

Major findings: **B**

Of operations: .....

Of autopsy: .....

PHYSICIAN: \_\_\_\_\_

Underline the cause of which death should be charged statistically.

8. AGE: Years **57** Months **8** Days **7** If less than one day **br** min

9. Birthplace: **Hunter County Mo** (City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: .....

MOTHER FATHER

12. Name: **John S Gardner**

13. Birthplace: **Tenn** (City, town, or county) (State or foreign country)

14. Maiden name: **Melina J Wilson**

15. Birthplace: **Ky** (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs Vira Gardner**

(b) Address: **Ridgeway Mo #1**

17. (a) **Rural** (b) Date thereof: **May 11 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Allen Cemetery**

18. (a) Signature of funeral director: **Joe E. Whited**

(b) Address: **Booth Mo**

19. (a) **5-18-48** (b) **Chas A. Davis**  
(Date received local registrar) (Registrar's signature)

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? **2** (e) Means of injury: **SO**

23. Signature: **R. L. Brun** (M. D. or other) **SO**

Address: **New Hampton** Date signed: **5/11/48**

**DISTRICT HEALTH OFFICER**  
**Cameron, Mo.**

**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 \_\_\_\_\_

*Joe E. Wheeler*

Licensed Embalmer No. 3512

P. O. Address Buttway 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.