

0-2  
5-43  
7-39  
X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20362

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town LOUISIANA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pike County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 Days  
(Specify whether  
In this community 2 1/2 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME HERSCHEL WESLEY GARDNER

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

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lola Selby Gardner 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 11 11 1895  
(Month) (Day) (Year)

8. AGE: Years 52 5/8 Months 7 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name Benjamin Gardner

13. Birthplace Coloway Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Viola Bennett

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Earl W. Gardner

(b) Address Frankford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Harry Carroll

(b) Address Clarksville Mo

19. (a) 6-10-48 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from 11-17, 1947 to 6-8, 1948 and that death occurred on the date and hour stated above. I last saw him alive on 6-7, 1948

Immediate cause of death Chronic Myocarditis Duration 1 month

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_ Address Louisiana, Mo Date signed 6-9-48

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 78

District File Number 6-48-1082

Date Filed JUN 22 1948

---

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

*Geo. M. Collier*

Licensed Embalmer No. 3839

P. O. Address. Louisiana, 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.**