

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

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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JUL 29 1948  
Registration District No. 360

FEDERAL BUREAU OF INVESTIGATION  
MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25225  
Registrar's No. 124

Primary Registration District No. 3076

1. PLACE OF DEATH:  
(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At home - 321 W. Walnut  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 mos. - 7 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 321 W. Walnut  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country K

3. (a) PRINT FULL NAME Elwood James Gardner  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 11<sup>th</sup>  
year 1948 hour 8 minute 50 pm  
21. I hereby certify that I attended the deceased from July 11<sup>th</sup>  
11<sup>th</sup>, 1948, to July 11<sup>th</sup> 1948  
that I last saw him alive on July 11<sup>th</sup> 1948  
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 single  
6. (c) Age of husband or wife if alive ✓ years 4  
7. Birth date of deceased: March 4 1947  
(Month) (Day) (Year)

Immediate cause of death  
RESPIRATORY FAILURE Duration 5 min  
Due to ~~meningitis~~ MENINGITIS 12 hrs  
Due to OTITIS MEDIA 36 hrs.  
Other conditions MOLAR TEETHING 2 wks  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
1 4 7 hr. min.  
9. Birthplace Nevada Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation None

Major findings:  
Of operations NONE  
Of autopsy NONE  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business ✓  
12. Name Elwood Ellis Gardner  
13. Birthplace Sheldon Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Helle Lenore Fields  
15. Birthplace Pittsburg Kansas  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Elwood Gardner  
(b) Address Nevada Mo.  
17. (a) Burial (b) Date thereof July 13 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Moore Cemetery  
18. (a) Signature of funeral director Allen Hays  
(b) Address Nevada Mo.  
19. (a) 7-23-48 (b) Rathyn J. Hays  
(Data 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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Wm. Hays (M.D. or other)  
Address Nevada Mo. Date signed 7-12-48

RECEIVED  
District Health Officer No.  
District File Number 548  
Date Filed 7-27-48

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.....

Best B. Bennett, Registered Apprentice No. 83  
working under my personal supervision.

Signed Allen E. Hays  
Licensed Embalmer No. 1968  
P. O. Address Nevada 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.