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4-17-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6757**

FILED MAR 9 1947
Registration District No. **347**

Primary Registration District No. **4211**

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 501 W. Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James L. Gardner
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased: November 12 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 25 If less than one day hr. /min.

9. Birthplace Bucklin, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming (Retired)

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Gardner
13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Jane Golden

15. Birthplace Linn County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie Gardner
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 2-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) Feb. 14, 1947 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 501 W. Jackson
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February Day 7
year 1942 hour 4:05 P M minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 25, 1942, to Feb. 17, 1942;
that I last saw ~~him~~ her alive on Feb. 6, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease
Duration 2 yrs.

Due to _____

Due to _____

Other conditions 938
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations _____
Of autopsy none
Underline the cause to 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?

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature J. A. Blackmore (M. D. or other) MD
Address Windsor, Mo. Date signed 2-8-47

RECEIVED

District Health Officer No. 7,

District File Number 3-42-125

Date Filed 3-4-42

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

Edell Hunter

Licensed Embalmer No.

3391

P. O. Address

Windsor, 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.