

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20883
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson
(b) Township Kaw
(c) City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(d) Street No. 2807 East 31st
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 2333

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emil Gardner Sr
(a) Residence, No. 2807 East 31st St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna Gardner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Shipping Clerk
10. Date deceased last worked at this occupation (month and year) 1937 H. Total time (years) spent in this occupation Co.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lerbach, Germany

FATHER 13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Anna Gardner
2807 East 31st

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE June 10, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagner Funeral Home
2044 West 31st

20. FILED June 9 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1938

22. I HEREBY CERTIFY that I attended deceased from 4 or 5 o'clock to 7:30 1938
I last saw him alive on June 7, 1938 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
2nd attack
Date of onset June 8th

Other contributory causes of importance:
Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify See F. H. H. H.
(Signed) Geo F. H. H. M. D.
(Address) 900 Health Bldg

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Faint header text, possibly including "STATE OF" and "DEPARTMENT OF HEALTH".

Faint text, possibly a date or reference number.

12, 30 - 3, 30

DN, ...
Pinto Bq. No 5172

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.