

REC'D MAY 10 1939

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

15326
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467
 (b) Township Aurora Primary Registration District No. 5628
 (c) City Aurora (d) Street No. R.F.D. # 2 Registered No. 28
 (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 John Jacob Garner

(a) Residence, No. Aurora-Missouri R.F.D. # 2 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Ollie Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 8 27

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansaw

FATHER 13. NAME Hiram Gardner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Fannie Hamby
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs Ollie Garner (ADDRESS) Aurora Mo. R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE April 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. King Aurora Mo

20. FILED 4-27 1939 R. D. Cowan MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1939

22. I HEREBY CERTIFY, That I attended deceased from April 2 1939 to April 21 1939
 I last saw him alive on April 2 1939. Death is said to have occurred on the date stated above, at 1.05A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Arteriosclerosis Date of onset Not known
Arteriosclerosis
 Other contributory causes of importance: 65

Name of operation None Date of None
 What test confirmed diagnosis clinical Was there an autopsy no

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? No.
 If so, specify _____
 (Signed) Dr. Kenneth T. Kelsey M. D.
16 E. Locust St., Aurora Mo.

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.

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 *Herman Sunidge*

Licensed Embalmer No. 3072

P. O. Address. AURORA 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, above space should be left blank.