

11109

State File No. _____

Registrar's No. 4DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHRegistration District No. 329Primary Registration District No. 5511

1. PLACE OF DEATH:

- (a) County Hickory 793
 (b) City or town Wheatland 7990
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) 7
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days 1253. (a) PRINT
FULL NAME Graet Gardner3. (b) If veteran,
name war _____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 Jennie Gardner 6. (c) Age of husband or wife if
alive _____ years
 7. Birth date of deceased Dec. 18 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 - hr. _____ min.9. Birthplace Wheatland Mo
 (City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business 1

- MOTHER FATHER
 12. Name David M. Gardner
 13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret M. Spedden
 15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jennie Gardner
 (b) Address Wheatland, Mo.
 17. (a) Burial (b) Date thereof 3/20/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Gardner Cemetery
 18. (a) Signature of funeral director J. R. Luster
 (b) Address Wheatland Mo.
 19. (a) 3/19, 1940 (b) Mrs. A. S. Johnston
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Hickory
 (c) City or town Wheatland Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
 year 1940 hour _____ minute 5:30 P M.21. I hereby certify that I attended the deceased from
May 1938 to Mar-18- 1940;
 that I last saw him alive on Mar-17- 1940;
 and that death occurred on the date and hour stated above.Immediate cause of death _____
Uremic Poisoning Duration 2 wks
 Due to Chronic Interstitial NephritisDue to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)Major findings:
 Of operations _____
 Of autopsy _____
 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?
39 (Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature A. S. Johnston M.D. (M. D. or other) _____
 Address Wheatland Mo Date signed 3-21-40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39
 1 X19311

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 2,

District File Number

Date Filed

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.....

J. P. Luckey

Licensed Embalmer No.....

2982

P. O. Address.....

Wheatland, 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.