

SEP 24 1940 328
Registration District No.

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF DEATH:

(a) County O. R. way
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1706 MAIN STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 1706 Main St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME D. O. GIRDNER 635

3. (b) If veteran, name war _____ 3. (c) Social Security No. 208-10-9829

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Gardner 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased January 25, 1896
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Builder & Building Dept

11. Industry or business Railroad

MOTHER FATHER
12. Name Andrew Mark Gardner
13. Birthplace Mercer County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Alley
15. Birthplace Mercer County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Myrtle Gardner

(b) Address Trenton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Myrtle Grove Cemetery, Trenton, Mo

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Trenton, Mo

19. (a) 8-24-40 (Date received local registrar) (b) Leone D. Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1940 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 27, 1940, to Aug 1, 1940
that I last saw him alive on Aug 1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis Duration 1 yr
Arterio sclerosis

Due to Carcinoma of
Stomach and Bladder 6 mos

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
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? 300
(Specify type of place) (e) Means of injury _____

23. Signature E. A. Durbey (M. D. or other) _____
Address Trenton, Mo Date signed Aug 3

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.

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46
RECEIVED

District Health Officer No. 111

District File Number SLP 75 1940

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

Robert B. Davis

Registered Apprentice No.

212

working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No.

3427

P. O. Address

Trenton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 285-86

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 528

Primary Registration District No. 3017

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Wendy

(b) City or town Wendy
(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)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME O. O. Gardner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year) _____

8. AGE: Years Months Days If less than one day

64	6	6	_____ hr _____ min.
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9. Birthplace (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year) _____

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years

20. DATE OF DEATH Month april day 1 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

arteria Sclerosis

Due to Carcinoma of stomach and bladder

Other conditions Stomach - Primary Dis

(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 46

PHYSICIAN _____

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 _____

23. Signature E. A. Duffey (M. D. or other) _____

Address Wendy, Mo Date signed _____

SUPPLEMENTAL

