

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County **BUCHANAN**
(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **NO. METHO. HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
In this community **6 days**
years, months or days

8. (a) PRINT FULL NAME **Andrew Wellington Gardner**
8. (b) If veteran, name var. **W**
3. (c) Social Security No. **1**

4. Sex **M**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Carle Gardner**
6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Oct 13 1866**
(Month) (Day) (Year)

8. AGE: Years **74** Months **0** Days **2/3**
If less than one day hr. min.

9. Birthplace **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Wellington P. Gardner**

13. Birthplace **W. Va**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

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

16. (a) Informant **Lester C. Gardner**

(b) Address **1037 S. Maple - Carl Kings**

17. (a) **burial** (b) Date thereof **10 25 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Howell City Mo**

18. (a) Signature of funeral director **R. J. [unclear]**

(b) Address **King City Mo**

19. (a) **11/1/40** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Buchanan**
(c) City or town **King City 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 **Nov** day **6**
year **1940** hour **6** minute **00 P.M.**

21. I hereby certify that I attended the deceased from **Nov 1, 1940**, to **Nov 6, 1940**
that I last saw him alive on **Nov 6, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Endocarditis**
(grave) Secondary anemia
Arterio Sclerosis
Due to _____

Other conditions **abdominal & chest injury due to fall from top of hay**
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations: **none**

Of autopsy **Ecchymosis upper abd. Ecchymosis**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Oct 25 1940**

(c) Where did injury occur? **at his home near the farm**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on his farm

While at work? **yes** (Specify type of place)
(e) Means of injury **Hay wagon turned over with him**

23. Signature **E. M. Shores** (M. D. or other) **M.D.**
Address **St. Joseph Mo** Date signed **11-6-40**

Duration

unknown

unknown

2 weeks

unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

R. G. Taggart

Licensed Embalmer No.

2563

P. O. Address

New York City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.