

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1101 N. KANSAS**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **56 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Belle Gardner**

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

4. Sex **Fe.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Wid.**  
6. (b) Name of husband or wife **James Gardner** 6. (c) Age of husband or wife if alive **3, 1859** years  
7. Birth date of deceased **January 3, 1859** (Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **3** If less than one day hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business  
12. Name **Wm. Greenwood**  
13. Birthplace **Ind.** (City, town, or county) (State or foreign country)  
14. Maiden name **No. Record**  
15. Birthplace **No Record.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Viola Wallis**  
(b) Address **1101 N. Kansas Ave.**

17. (a) **Burial** (b) Date thereof **3 - 8 - 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union**  
18. (a) Signature of funeral director **Mrs. C. L. Forster**  
(b) Address **918 Brooklyn Kansas City Missouri**

19. (a) **2/8/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1101 North Kansas** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **6**  
year **1941** hour **10** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Feb. 27**, 19**41**, to **March 6**, 19**41**, that I last saw **her** alive on **March 6**, 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death: **Broncho-pneumonia** 2 days

Due to **arterio-sclerosis and myocarditis.** 15 years

Due to **---**  
Other conditions (Include pregnancy within 3 months of death) **93**

Major findings: Of operations **---**  
Of autopsy **none**  
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? **---**

(Specify type of place) While at work? (e) Means of injury **---**

23. Signature **Lena Middleton** (M. D. or other) **D**  
Address **1224 N. Montgallan** Date signed **3-7-41**

**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 *me*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*J. C. Lewis*

Licensed Embalmer No. *4879*

P. O. Address *K. E. 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, fact should be so stated above.**