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

FILED JUN 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17888

Registration District No. 328 Primary Registration District No. 3017 Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1716 Main St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy 40
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 1716 Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Myrtle Gardner
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife O. O. Gardner
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug 21 (Month) 1892 (Day) (Year)

8. AGE: Years 48 Months 8 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace Morning Sun (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
MOTHER FATHER
12. Name Chas Snyder
13. Birthplace [illegible] (City, town, or county) [illegible] (State or foreign country)
14. Maiden name Alice Westfall
15. Birthplace [illegible] (City, town, or county) Ill (State or foreign country)
16. (a) Informant x Mrs Ralph Louderback
(b) Address Trenton, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove Cemetery
18. (a) Signature of funeral director Raymond A Davis
(b) Address Trenton Mo.
19. (a) 4-24-41 (Date received local registrar) (b) Irene D Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1941 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from 17 Sept, 1940, to April 24, 1941; that I last saw her alive on April 24, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis	several years
Diabetes mel.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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)
While at work? (e) Means of injury
23. Signature E. A. Duffy (M. D. ~~or other~~) (1)
Address Trenton Mo Date signed April 26 1941

(Licensed Embalmer's Statement on Reverse Side)

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 Clifford Abry

Licensed Embalmer No. 3423

P. O. Address Trenton Mo

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, fact should be so stated above.