

FILED FEB 16 1942

Primary Registration District No. **4223**

Registrar's No. **8**

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

1. PLACE OF DEATH: **Johnson**  
 (a) County **Johnson**  
 (b) City or town **Holden** *Jun*  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **NOT Hospitalized** **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **XXXX**  
 (Specify whether  
 In this community **60** years  
 years, months or days)

3. (a) PRINT FULL NAME **ELIZABETH AGNES GARDNER**

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

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife **Wm. Earnest Gardner** 6. (c) Age of husband or wife if alive **xxx** years

7. Birth date of deceased **April 24 1881**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>60</b>	<b>9</b>	<b>5</b>	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **at home**

12. Name **John Henry Belman**

13. Birthplace **St. Louis County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Dieters**

15. Birthplace **East St. Louis, Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Amanda Gardner**

(b) Address **Holden, Missouri**

17. (a) **Burial** (b) Date thereof **Feb. 2, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John's Cemetery**

**Canaday and Ropp**

18. (a) Signature of funeral director **Holden, Missouri.**

(b) Address

19. (a) **2-2-1942** (b) **Mrs Frank Morris**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **51**  
 (a) State **Missouri** (b) County **Johnson**  
 (c) City or town **Holden** **0**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **XXXX** (If rural, give location) **0**  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **29th** day **January**  
year **1942** hour **8:15** minute **A** M.

21. I hereby certify that I attended the deceased from **June 4**  
**1937** to **Jan 29** 19**42**  
that I last saw **her** alive on **Jan 29** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Chronic Nephritis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature **Kelly Rawlins** (M. D. or other) **0**

Address **Holden Mo** Date signed **1/31/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-13-42

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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 Samuel B. Rapp

Licensed Embalmer No. 4044

P. O. Address Holdens Md

**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.