

No. 2
-13-40
-17-39
X23159

NEW AUG 18 1942

Registration District No. 83

Primary Registration District No. 5121

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural (North 2nd)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: IV
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Active Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles West of Home
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME J. W. 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 married
6. (b) Name of husband or wife Emma Gardner 6. (c) Age of husband or wife if alive 66 years
7. Birth-date of deceased July 13 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Gardner
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Gardner
(b) Address Agency, Mo

17. (a) Burial (b) Date thereof July 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tragier Cemetery

18. (a) Signature of funeral director H. P. Sullivan

(b) Address Yonki, Mo

19. (a) July 12 1942 (b) Geo. C. Francis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1942 hour 1 minute 15 P. M.
21. I hereby certify that I attended the deceased from June 16th 1942 to July 9th 1942
that I last saw him alive on 7-9- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver
Due to _____
Due to Alc
Other conditions (Include pregnancy within 3 months of death) _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Of operations Was operated about 6 mo ago for carcinoma of part of pancreas and cancer of liver was discovered at the time 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) (e) Means of injury 0

23. Signature J. C. Stacker (M. D. or other) MO
Address Springer, Mo Date signed 7-10-42

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

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 H. A. Sullivan
Licensed Embalmer No. 1738
P. O. Address Gower, 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.