

FILED AUG 18 1942
Registration District No. 234

Primary Registration District No. 5358

Registrar's No. 16

1. PLACE OF DEATH:

(a) County DAVIESS

(b) City or town Civil Bend Marion Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community MOST OF LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DAVIESS

(c) City or town CIVIL BEND
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ALTA V. 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 MARRIED

6. (b) Name of husband or wife HERMAN GARDNER

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased DEC 6 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 19 If less than one day hr. _____ min.

9. Birthplace DAVIESS CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name LEWIS PLOWMAN

13. Birthplace ILL.
(City, town, or county) (State or foreign country)

14. Maiden name MARY WHEELAND

15. Birthplace DAVIESS CO. MO
(City, town, or county) (State or foreign country)

16. (a) Informant HERMAN GARDNER

(b) Address CIVIL BEND

17. (a) BURIAL (b) Date thereof 7/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK RIDGE

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-26-42 (b) A. O. Richardson
(Date received local registrar) (Registrar's signature)

1084 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25
year 42 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-24-42
_____, 1942, to 7-25, 1942
that I last saw her alive on 7-24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebra hemorrhage

Due to _____

Due to 830

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. R. Knight (M. D. or other) leg

Address Jeffersonburg Date signed 7-28-42

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

100

JUL 8 1957

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 *C. M. Jones*.....

Licensed Embalmer No. *3453*.....

P. O. Address *Sacramento, Cal.*.....

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.