

FILED OCT 9 1942
Registration District No.

Primary Registration District No. 5357

Registrar's No. 18

1. PLACE OF DEATH: *Daviess*

(a) County *Daviess*

(b) City or town *Rural*

(c) Name of hospital or institution: *Benton Twp 1*
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) *Lifetime*

In this community *Lifetime*

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Daviess*

(c) City or town *Rural*
(If outside city or town limits, write "RURAL.")

(d) Street No. *Benton Twp*
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME *Henry Marton Gardner*

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

4. Sex *Male* 5. Color or race *White* 6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband or wife *Maggie Jane Gardner* 6. (c) Age of husband or wife if alive *75* years

7. Birth date of deceased *May 26 1858*
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<i>84</i>		<i>3</i>	<i>29</i>	hr. min.

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

10. Usual occupation *Farmer*

11. Industry or business.....

MOTHER FATHER

12. Name *John Gardner*

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

14. Maiden name *Eliza Ramey*

15. Birthplace *Ohio*
(City, town, or county) (State or foreign country)

16. (a) Informant *Clarence Gardner*

(b) Address *Pattonburg, Mo.*

17. (a) *Burial* (b) Date thereof *9/27-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Oakridge*

18. (a) Signature of funeral director *[Signature]*

(b) Address *Pattonburg, Mo.*

19. (a) *Sept 1-1942* (b) *L. O. Richesson*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *25*
year *1942* hour *7* minute *45* A.M.

21. I hereby certify that I attended the deceased from *Jan 20*
1942 to *Sept 24* 19*42*
that I last saw him alive on *Sept 24* 19*42*
and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral Hemorrhage*
Hypertension 2 years

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN *[Signature]*

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 *L. R. Knight* (M. D. or other) *[Signature]*
Address *Pattonburg, Mo.* Date signed *9-26-42*

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

G. S. Gomer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.