

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **3084**  
Registrar's No. **25**

FILED FEB 5 1943  
Registration District No. **274**

Primary Registration District No. **5927**

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

1. PLACE OF DEATH:  
(a) County: **Pettis**  
(b) City or town: **Rural, Green Ridge Twsp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Route # 5**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: **19 years** (Specify whether years, months or days)  
In this community: **19 years**

2. USUAL RESIDENCE OF DECEASED: **80**  
(a) State: **Missouri** (b) County: **Pettis**  
(c) City or town: **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No.: **Route # 5, Windsor** (If rural, give location)  
(e) If foreign born, how long in U. S. A.: **0** years.

3. (a) PRINT FULL NAME: **Mrs. Mary Anne Gardner**  
3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **January** day **21**  
year **1943** hour **5:40** a **PM** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Jan-19-43**  
\_\_\_\_\_ 19\_\_\_\_ to **Jan-20-1943**  
that I last saw him alive on **Jan 19 - 1943**  
and that death occurred on the date and hour stated above.

4. Sex: **Female** 5. Color or face: **White** 6. (a) Single, widowed, married, divorced: **Married**  
6. (b) Name of husband or wife: **Robert M. Gardner** 6. (c) Age of husband or wife if alive: **66** years  
7. Birth date of deceased: **May 14 1885**  
(Month) (Day) (Year)

Immediate cause of death: **Cerebral Hemorrhage**  
Due to: **High Blood pressure**  
Due to: \_\_\_\_\_  
Other conditions: **830**  
(Include pregnancy within 3 months of death)

8. AGE: Years **57** Months **8** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace: **unknown Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **at home**  
11. Industry or business: \_\_\_\_\_  
12. Name: **unknown**  
13. Birthplace: **unknown** (State or foreign country)  
14. Maiden name: **unknown**  
15. Birthplace: **unknown** (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant: **Robert N. Gardner**  
(b) Address: **Windsor, Missouri**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **1-23-43**  
(Month) (Day) (Year)  
(c) Place: burial or cremation: **Windsor, Missouri**  
18. (a) Signature of funeral director: **Huston-Turner**  
(b) Address: **Windsor, Missouri**  
19. (a) **1-24-1943** (Date received local registrar) (b) **Anna Berger** (Registrar's signature)

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. McCall** (M. D. or other) **1-22-43**  
Address: **Windsor** Date signed: \_\_\_\_\_

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-4-43

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.....

Licensed Embalmer No. 3391

P. O. Address: Windsor Me.

**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.**