

LED MAR 15 1943  
Registration District No. 749

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether years, months or days) 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3240 Montgall  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Robert R. Gardner

3. (b) If veteran, name war no  
3. (c) Social Security No. 494-12-3029

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Zora Gardner  
6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased July 20 1881  
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 6  
If less than one day hr. min.

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

10. Usual occupation Night Watch

11. Industry or business

MOTHER FATHER  
12. Name John R. Gardner  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Malone  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Zora Gardner

(b) Address 3922 Fremont

17. (a) cremation (b) Date thereof 3-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 3-1-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 26  
year 43 hour 3:30 minute AM

21. I hereby certify that I attended the deceased from Aug 1942 to Feb 26 1943  
that I last saw him alive on Feb 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Haemorrhage into several small branches of artery? Partly a result of atherosclerosis  
Due to arterio-sclerosis  
chronic nephritis  
Due to hypertensive disease  
Other conditions 12, 13, 14  
(Include pregnancy within 3 months of death)

Major findings: large, irregular laceration  
Of operations same as above  
Of autopsy same as above

Duration  
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 Delan Williams (M. D. or other)  
Address 806 Prof. Bldg Date signed 2/24/43

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

*Handwritten notes and scribbles, possibly including the number 9.*

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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.....

*Handwritten signature: Weyd C Browning*

Licensed Embalmer No.....

*Handwritten number: 2724*

P. O. Address.....

*Handwritten address: W. C. Browning*

**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.**