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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34710

State File No. 837

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 837

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

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: 24 Days (Specify whether years, months or days)

In this community: 2 Years

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield (If outside city or town limits, write "RURAL")

(d) Street No.: 301 Mt. Vernon (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Georgia Marie Dobbs Gardner

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Richard Elmer Gardner

6. (c) Age of husband or wife if alive: 28 years

7. Birth date of deceased: October (Month) 21 (Day) 1918 (Year)

8. AGE: Years: 24 Months: 11 Days: 18 If less than one day: hr. min.

9. Birthplace: Unk. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: John Dobbs

13. Birthplace: Unk. (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name: Elizabeth Smith

15. Birthplace: Unk. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Richard Elmer Gardner

(b) Address: 301 Mt. Vernon, City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10 9 43 (Month) (Day) (Year)

(c) Place: burial or cremation: Chidrich Mo.

18. (a) Signature of funeral director: V W Klingner & Co

(b) Address: Springfield Missouri

19. (a) 10-9-43 (Date received local registrar) (b) S W Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9 year 1943 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from Sept 10, 1943, to Oct 8, 1943, that I last saw her alive on Oct 8, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary	
Due to: Tuberculosis	5 yrs.
Due to: Pregnancy	6 mo.
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Cecilia L. Kay (M. D. or other) M.D.

Address: Springfield Mo. Date signed 10/9/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 4 1944

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 Ogle Slone Jr.

Licensed Embalmer No. 4156

P. O. Address Springfield

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.