

FILED JUN 20 1944
109

State File No.

Registration District No.

Primary Registration District No. 5424

Registrar's No. 13

335005

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Campbell, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution. most of life (Specify whether)

In this community most of life
years, months or days

3. (a) PRINT FULL NAME Maggie Gardner

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April - 3 - 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>1</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Home work

11. Industry or business _____

MOTHER FATHER

12. Name Morris

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

14. Maiden name Fischer

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

16. (a) Informant John Gardner

(b) Address Campbell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 - 44
(Month) (Day) (Year)

(c) Place: burial or cremation Campbell Woodlawn

18. (a) Signature of funeral director Lawrence P. Home

(b) Address Campbell Mo.

19. (a) 6-14-1944 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin 350

(c) City or town Campbell, Mo. Rural 3
(If outside city or town limits, write "RURAL")

(d) Street No. Union Temp
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1944 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from 8/23 1943 to 5/28 1944 that I last saw her alive on 5/28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Auricular Fibrillation with acute Failure 1 yr +
H

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95a

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 Wallace Selby (M. D. or other) MD
Address Campbell Mo. Date signed 6/14/44

1150

JUN 24 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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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.