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DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 536

**FILED** MAY 17 1946

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 5326 Barbara St /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days) 47 Years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan //  
 (c) City or town St Joseph /  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5326 Barbara St 7  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William F. Gardner  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 2  
 year 1946 hour 8 minute 45 P.M.  
 21. I hereby certify that I attended the deceased from  
 Oct. 10 to May 2, 1946  
 that I last saw him alive on Apr. 29, 1946  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_  
 Duration \_\_\_\_\_

4. Sex Male  5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Minnie  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 28 1858  
 (Month) (Day) (Year)

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 1 Of operations 124  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	87	10	4	hr. min.

9. Birthplace York Penna. /  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired packing Co. (22)

11. Industry or business Swift & Co.

MOTHER FATHER  
 12. Name Not known 9  
 13. Birthplace Not known 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sophia Not known  
 15. Birthplace Not known 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Charlie Gardner

(b) Address Chicago, Ill

17. (a) Burial (b) Date thereof 5-4-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Fleeman & Son Inc.  
 (b) Address St Joseph, Mo.

19. (a) May 9, 1946 (b) \_\_\_\_\_  
 (Date received local registrar) (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.R. \_\_\_\_\_ (M. D. or other)  
 Address \_\_\_\_\_ Date signed 5/3/46

34

(Licensed Embalmer's Statement on Reverse Side)

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

14002

MAY 20 1946

MAY 27 1946

MAY 21 1946

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, ~~and~~.....

working under my personal supervision.

~~Registered Embalmer No.~~

Signed.....

*Robert H. Yapple*

Licensed Embalmer No. 3308

P. O. Address. St Joseph, 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.