No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24307

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 244

1. PLACE OF DEATH:
(a) County MARION
(b) City or town HANNIBAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LEVERING HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community 16 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MONROE
(c) City or town MONROE CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 125 First St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ARTHUR EUGENE GARDANIER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 27 (Day) 1946 (Year)
8. AGE: Years 0 Months 0 Days 15 If less than one day hr. min.
9. Birthplace HANNIBAL (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation NONE
11. Industry or business
FATHER 12. Name SOUTHERN GARDANIER
13. Birthplace MONROE CITY (City, town, or county) MISSOURI (State or foreign country)
MOTHER 14. Maiden name ELLEN MAY MILLS
15. Birthplace (City, town, or county) IOWA (State or foreign country)
16. (a) Informant Southern Gardanier
(b) Address Leonard City Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation St JUDES MONROE CITY
18. (a) Signature of funeral director Wilson & Sons
(b) Address MONROE CITY, MO
19. (a) 7-16-46 (Date received local registrar) (b) H. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13 year 1946 hour 7 minute 30A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature	
Due to Eclampsia	
toxemia of mother	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Leslie T. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.