

DEPARTMENT OF COMMERCE
BUREAU OF THE REGISTERS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29739

State File No. _____

Registrar's No. 15

Registration District No. 49

Primary Registration District No. 5175-

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

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Mack Creek Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Russell Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. no
(Specify whether)

In this community 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Mack Creek Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES M. GARDNER

3. (b) If veteran, name war _____

3. (c) Social Security No. 458-21-1871

4. Sex Male 5. Color or White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. Nov 12 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 9 27 hr. _____ min.

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

10. Usual occupation plumber pipe fitter

11. Industry or business plumber pipe fitter

MOTHER FATHER

12. Name J. Gardner

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

14. Maiden name Anna Clayton

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

16. (a) Informant James Gardner

(b) Address Mack Creek Mo

17. (a) Burial (b) Date thereof 9-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macedonia

18. (a) Signature of funeral director J. B. Jones

(b) Address Buffalo Mo

19. (a) 9-11-46 (b) H. J. Myers M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1946 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Baronary Thrombocoe at time was dead 45 minutes when seen by me

Due to _____

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 H. J. Myers Local Registrar (M. D. noting)
Address Mack Creek Mo Date signed 9/11/46

POST No. 7,
9-46-1028
Di. Filco 10-9-46

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 Morris B Jones
Licensed Embalmer No. 4322
P. O. Address Buffalo 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.