

FILED FEB 24 1947  
 Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
The Willows  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 hrs. 50 min.  
(Specify whether years, months or days)  
 In this community same

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2929 Main St.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard Gardner  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none  
 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 2-8-47  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 8  
 year 1947 hour 4:00 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from 2-8-47  
 \_\_\_\_\_, 19\_\_\_\_ to 2-8-47, 19\_\_\_\_;  
 that I last saw him alive on Feb. 8, 1947  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death atelectases, prematurity  
seven months' gestation Duration

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day 4 hr. 50 min.

Due to Toxemia of mother  
 Due to Twin birth, also as contribut-  
ing cause.  
 Other conditions none  
(Include pregnancy within 3 months of death)

9. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation babe

Major findings: 159  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 PHYSICIAN \_\_\_\_\_  
 - Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name X 9  
 13. Birthplace \_\_\_\_\_  
 14. Maiden name Evelyn Colleen Gardner  
 15. Birthplace Fremont, Neb.  
(City, town, or county) (State or foreign country)

16. (a) Informant A. U. Dysart, R. N.  
 (b) Address 2929 Main St., Kansas City, Mo.  
 17. (a) Burial (b) Date thereof 2-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Greenlawn Cemetery  
 18. (a) Signature of funeral director Wilkes Funeral Home  
 (b) Address 2315 Dunwood X & 3 mo.  
 19. (a) 2-11-47 (b) Geraldine Holmes  
(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 0  
 23. Signature H. L. Dwyer (M. D. or other) \_\_\_\_\_  
 Address 315 Alemada Rd. Date signed 2-8-47

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

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>not</sup>~~was~~ embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Charles E. Wilks* .....

Licensed Embalmer No. *2644* .....

P. O. Address. *H.C. 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.**