V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

35
2
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8482

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 154

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Kennett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SANdRA K. GARdNeR

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single D
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased March (Month) 9, (Day) 1946 (Year)

8. AGE: Years 1 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Kennett (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name James O. Gardner
13. Birthplace Blytheville (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Mary Lee Dees
15. Birthplace Piggott (City, town, or county) Ark. (State or foreign country)

16. (a) Informant James O. Gardner
(b) Address Kennett - Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cemetery
18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo
19. (a) 3-14-1947 (Date received local registrar) (b) Earl Husband (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1947 hour 9:50 minute 9. M.

21. I hereby certify that I attended the deceased from 3-12, 1947, to 3-13, 1947
that I last saw her alive on 3-13, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Military Tuberculosis	
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 L. C. Wilson (M. D. ~~or other~~)
Address Kennett Mo Date signed 3-14-47

90

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 347-389
Date Filed 3-28-47

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 Helen F. Lemonds, Registered Apprentice No. 415, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.