

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13451**
Registrar's No. **1664**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **912 Locust 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson** ⁴⁸

(c) City or town **Kansas City** ³
(If outside city or town limits, write "RURAL")

(d) Street No. **912 Locust** ⁸
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) ⁰
If yes, name country

3. (a) PRINT FULL NAME **MELTON P. GARDNER**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Male** 5. Color **W** race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elizabeth Gardner**

6. (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **9-20-1895**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	6	20	0 hr. 0 min.

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

10. Usual occupation **Dentist**

11. Industry or business **not practicing**

12. Name **H. M. Gardner**

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

14. Maiden name **Myra Jane Gardner**

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

16. (a) Informant **Elizabeth Gardner**

(b) Address **912 Locust**

17. (a) **Removal** (b) Date thereof **4-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bowling Green Mo**

18. (a) Signature of funeral director **[Signature]**

(b) Address **KCMO**

19. (a) **4-12-47** (b) **Thalidine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10th**
year **1947** hour **7** minute **0** 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 place stated above.

Immediate cause of death **Deputy coroner's report**
Bronchopneumonia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) **107**

Major findings:
Of operations _____

Of autopsy **History & inspection**

PHYSICIAN _____
Underline the cause to which death should be traced 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? _____

(e) While at work? _____ (Specify type of place) _____ (Means of injury)

23. Signature **A E Upsher** (M. D. or other) **M.D.**

Address **2800 Main** District **477**

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.....

David B. Lyster

Licensed Embalmer No.....

4273

P. O. Address.....

122710

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.