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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21612

Registrar's No. 239

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:
 (a) County ~~EMERY~~ Marion.
 (b) City or town Hannibal, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 St Elizabeth Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County Ralls, 89
 (c) City or town Center, Missouri. 0
 (If outside city or town limits, write "RURAL") 0
 (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 Robert Dudley Gardner.

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

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Delia Gardner. 6. (c) Age of husband or wife if alive 55 6/6 years

7. Birth date of deceased October, 20, 1878
 (Month) (Day) (Year)

8. AGE: Years 68 7 Months 26 Days
 If less than one day hr. min.

9. Birthplace Ralls County, Missouri!
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Attorney.

11. Industry or business Law Office.

12. Name Wm O. Gardner.

13. Birthplace Ralls County, Missouri.
 (City, town, or county) (State or foreign country)

14. Maiden name Laura Alice Dudley.

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

16. (a) Informant Miss Delia Gardner.

(b) Address Center, Missouri.

17. (a) Burial, (b) Date thereof JUNE 19 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial park

18. (a) Signature of funeral director Couch, Wiley

(b) Address Center, Missouri.

19. (a) 6-21-47 (b) A. E. M. Luckey
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 16th,
 year 1947 hour 9:30 minute A.M.

21. I hereby certify that I attended the deceased from June 17-16 47
 19 to June 17 47
 that I last saw him alive on June 17 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death
 Uremia poisoning 10 days
 Due to Uremia retention 10 days
 Due to Hypertension & Prerenal Azotemia 5-7
 Other conditions Arterio Sclerosis 13-17
 (Include pregnancy within 5 months of death)

Major findings:
 Of operations 61
 Of autopsy

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) Means of injury

23. Signature J. B. Wilson (M. D. or other)

Address Hannibal, Mo. Date signed 6-21-47

Duration
 10 days
 10 days
 5-7
 13-17
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.