

FILED JAN 8 1948

128

State File No. 41386

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1069

1. PLACE OF DEATH: **GREENE**
 (a) County **Springfield**
 (b) City or town **Springfield**
 (c) Name of hospital or institution: **Burge Hospital**
 (d) Length of stay: In hospital or institution **1 day**
 In this community **35 yrs**

3. (a) PRINT FULL NAME **Ellen Oleva Gardner**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **491-05-0800**

4. Sex **f** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **3**

6. (b) Name of husband or wife **Joseph Winford Gardner**
 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased: **Nov 4 1881**
 (Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **7**
 If less than one day hr. min.

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

10. Usual occupation: **H.W.**

11. Industry or business

12. Name **James Cunningham**

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

14. Maiden name **Nancy Clesner**

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

16. (a) Informant: **Edna Queen (daughter)**

(b) Address: **1170 Pennsylvania Ave**

17. (a) **Burial** (b) Date thereof: **12/14/47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Prospect Cem.**

18. (a) Signature of funeral director: **Dunn Funeral Home**
 (b) Address: **Springfield, Mo.**

19. (a) **12-13-47** (b) **W.E. Handley MD**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Greene**
 (c) City or town **Springfield, Mo.**
 (d) Street No. **729 W. Chestnut**
 (e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec** day **10**
 year **1947** hour **11/30** minute **30** A.M.

21. I hereby certify that I attended the deceased from **6 Dec 1947** to **10 Dec 1947**
 that I last saw him alive on **10 Dec 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Grasming Nephritis chronic**
 Duration: **4 days**

Due to: **Hypertension chronic** 5 yrs

Other conditions: **None**
 (Include pregnancy within 3 months of death)

Major findings: **None**
 Of operations: **None**
 Of autopsy: **None**

22. If death was due to external causes, fill in the following:
 Accident, suicide, or homicide (specify) **No**
 (b) Date of occurrence
 (c) Where did injury occur?
 (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 **1**
 23. Signature: **Newton Thademan** (M. D. or other)
 Address: **Springfield Mo** Date signed: **12 Dec 47**

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

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MAR 11 1948

VS DEC 11 1950

JAN 9 1948

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 A. J. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield, 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.