

FILED MAR 2 1948

Registration District No. 127

Primary Registration District No. 3023

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Henry Co.
(b) City or town Clinton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Welzel Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour 30 minutes
(Specify whether years, months or days) 9 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair 93
(c) City or town Louisy City Mo Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mile East 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Carol Ann Gardner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife Orville 6. (c) Age of husband or wife if alive 30 - 32 years
7. Birth date of deceased: June 8 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 17 hr. min.

9. Birthplace Clinton Mo. Henry Co. Mo. General Hospital
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Orville Gardner
13. Birthplace Iconium Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Enid Parks
15. Birthplace Louisy City Mo Rural 0
(City, town, or county) (State or foreign country)

16. (a) Informant ✓ Enid Gardner
(b) Address ✓ Louisy City Mo

17. (a) Burial (b) Date thereof 2 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisy City Cemetery

18. (a) Signature of funeral director H. C. Austin
(b) Address Louisy City Mo

19. (a) 2-27-48 (b) R. B. Kennedy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1948 hour 10 minute 30 PM

21. I hereby certify that I attended the deceased from 2-25
1948 to 2-25 1948

that I last saw h.e.r. alive on 2-25-48 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____ Of autopsy _____
107

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? _____

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

23. Signature Gus W. [unclear] (Mr. D. another) DD
Address Clinton Mo Date signed 2/27/48

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

JUN 3 0 1948

RECEIVED

District Health Officer No. 7,

District File Number 2-48-157

Date Filed 3-1-48

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

F. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Oscola 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.