

Registration District No. 391

Primary Registration District No. 6153

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Advance Pike
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME WILKESSE GILBERT GARDINER

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

5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jucy Gardiner 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: Oct. 14, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>22</u>	hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

12. Name John Gardiner

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

14. Maiden name Mary Coffman

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Jucy Gardiner

(b) Address Advance Mo.

17. (a) Burial (b) Date thereof: Dec 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cem.

18. (a) Signature of funeral director Alfred S. Thomas

(b) Address Advance Mo.

19. (a) 2-9-49 (b) Benjamin Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Advance, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1948 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 1938 to Dec 6, 1948, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93B

Major findings: Of operations 4222

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? _____

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

23. Signature E. C. Masters (M. D. or other) MD

Address Advance, Mo. Date signed 1-18-49

RECEIVED

District Health Office No.

District File Number 349-25

Date Filed 2-14-4

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.....

William A Morgan

Registered Apprentice No. 208

working under my personal supervision.

Signed

Floyd S. Morgan

Licensed Embalmer No. 33610

P. O. Address. Advances Me

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.