

FILED NOV 30 1948

Registration District No. _____

Primary Registration District No. **3002**

Registrar's No. **170**

1. PLACE OF DEATH:

(a) County **Audrain County**
(b) City or town **Mexico, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Audrain County Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **42 min.**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT
FULL NAME

Montelle Gardner

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov 17 1948**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day
hr. **42** min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **LARK Edward GARDNER**
13. Birthplace **Mexico Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **JERN Lue**
15. Birthplace **Molina Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mother - JERN Gardner**

(b) Address **813 E. Breckenridge**

17. (a) **Burial** (b) Date thereof **11-20-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood, Mexico Mo.**

18. (a) Signature of funeral director **Miss Gardner**

(b) Address **Mexico Mo.**

19. (a) **11/20/48** (b) **Blanche Keely**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Audrain #1**
(c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
(d) Street No. **813 E. Breckenridge**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17**
year **1948** hour **3:05** minute **0** M.

21. I hereby certify that I attended the deceased from **2:23 pm Nov 17, 1948 to 3:05 Nov 17, 1948**
that I last saw her alive on **Nov. 17 3:05 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Debility** Duration _____

Due to **Premature** **6 1/2 hrs**

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **159**

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 **10**

23. Signature **Harry J. O'Brien** (M. D. or other) **14**

Address **11-20-48** Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 11-48-2022

Date Filed NOV-29-1948

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

Clara Annand

Licensed Embalmer No. 3569

P. O. Address Mexico

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.