

929 JUL 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23381  
Do not use this space.

1. PLACE OF DEATH

(a) County SCHUYLER Registration District No. 805  
(b) Township LIBERTY Primary Registration District No. 6050  
(c) City LANCASTER MO. (d) Street No. 90 St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 ISOPHENE GARDINE

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ABRAHAM GARDINE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 8, 1847

7. AGE YEARS MONTHS DAYS if LESS than 1 day, ..... hrs. or ..... min.  
92 3 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. housewife  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

13. NAME JIHN M. COONS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME PAULINA HENDREN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOUISVILLE KY.

17. INFORMANT FRANK GARDINE  
(ADDRESS) LANCASTER MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE GERMANIA Cem. DATE JUNE 11, 1939

19. FUNERAL DIRECTOR (NAME) MOREHEADS'  
(ADDRESS) LANCASTER MO.

20. FILED 6-12 1939 Burdick Drake Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1939 to June 8, 1939  
I last saw her alive on July 2, 1939. Death is said to have occurred on the date stated above, at 10:45 a.m.  
The principal cause of death and related causes of importance were as follows:

arteriosclerosis  
Date of onset death  
Other contributory causes of importance: 97

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_, M. D.

(Signed) J.H. Keller \_\_\_\_\_, M. D.  
Lancaster MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 17-39-1158

Filed JUL 7 1939

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, .....

TRUE & MINNIE MOREHEAD ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Moreheads'*

Licensed Embalmer No. 3731 -3680

P. O. Address LANCASTER 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, above space should be left blank.