

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 25 1947**

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **4220**

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **48**

**1. PLACE OF DEATH:**  
 (a) County **Cape Girardeau**  
 (b) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**617 Jefferson Street**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)  
 In this community **25 years**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Charles Leonard Garner**  
**3. (b) If veteran.** name war. \_\_\_\_\_ **3. (c) Social Security No.** **500-16-7584**

**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Martha Young** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **September 9th 1880**  
(Month) (Day) (Year)

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

**9. Birthplace** **Neelys Landing Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired employee of Sema**

**11. Industry or business** **Body Shop**

**MOTHER FATHER**  
**12. Name** **F.M. Garner**  
**13. Birthplace** **Neelys Landing Missouri**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Anna Powell**  
**15. Birthplace** **Don't Know**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Miss Jewell Garner**  
**(b) Address** **Cape Girardeau, Missouri**

**17. (a) Burial** **(b) Date thereof** **2-17-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Lerimier Cemetary**

**18. (a) Signature of funeral director** **L.L. Haman**

**(b) Address** **Cape Girardeau, Missouri.**

**19. (a) 2-20-1947 (b) G.S. Summers**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Cape Girardeau**  
 (c) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **617 Jefferson Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feb.** day **16th** year **1947** hour **1** minute **40 A.** M.

**21. I hereby certify that I attended the deceased from** **1/10** 19**47** to **2/16** 19**47**  
 that I last saw him **alive** on **2/16** 19**47**  
 and that death occurred on the **date** and hour stated above.  
 Immediate cause of death **Pneumonia** Duration **4/7**

Due to **Bronchial Asthma**  
 Due to **Cherry**

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

Major findings: Of operations **112**  
 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** **0**

**23. Signature** **G.S. Summers** (M. D. or \_\_\_\_\_)  
 Address **Cape Girardeau** Date signed **2/19/47**

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

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4

44

ORDER No. 4  
NUMBER 247-269  
2-24-47

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**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 William Lee Townes

Licensed Embalmer No. 4413

P. O. Address Cape Girardeau, 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.**