DEC 19 1938

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

39242
Do not use this space.

1. PLACE OF DEATH GREENE
(a) County GREENE — Registration District No. 318
(b) Township S. Springfield — Primary Registration District No. 5440 — Registered No. 865
(c) City SPRINGFIELD — (d) Street No. Springfield Mo. R.F.D. No 8 Box 64 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mildred Lucile Andrews
(a) Residence, No. R X 8 Box 64 St. (Usual place of abode, if no street address, write county or city) R # 8 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 22 1919
7. AGE: 1 YEARS 19 MONTHS 1 DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Strafford, Mo.

FATHER
13. NAME: John R. Andrews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sleeper Mo

MOTHER
15. MAIDEN NAME: Sallie Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sleeper Mo

17. INFORMANT (ADDRESS): John R Andrews R X 8 Box 64
18. BURIAL, CREMATION, OR REMOVAL PLACE: Maple Park DATE: Nov 20, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fred B Thieme Springfield Mo
20. FILED: Nov 17, 1938 Chas A George M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 17, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Nov 17, 1938
I last saw her alive on Nov 16, 1938. Death is said to have occurred on the date stated above, at 6 30 a m.
The principal cause of death and related causes of importance were as follows:

Gastro Enteritis — Date of onset

120 B

Other contributory causes of importance:

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 .....
(Signed) [illegible], M. D.
(Address) Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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, Ralph Chieme, or by _____,

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

Signed Ralph Chieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.