

FEB 24 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2980

Do not use this space.

1. PLACE OF DEATH

(a) County MACON Registration District No. 527
 (b) Township BEVIER Primary Registration District No. 527-03 Registered No. 2
 (c) City BEVIER (d) Street No. 2313 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

RACHEL ANDREWS
 (a) Residence, No. 536 St. BEVIER
 (Usual place of abode, if no street address, write county or city) (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) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN W ANDREWS
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. - 24 - 1853
 7. AGE YEARS 85 MONTHS 0 DAYS 14 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
 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)

IOWA

FATHER

13. NAME JOHNATHAN SCRITCHFIELD

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

IOWA

MOTHER

15. MAIDEN NAME LRA ANN THOMPSON

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

IOWA

17. INFORMANT (ADDRESS)

JACK ANDREWS
BEVIER, MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALLAO CEMETERY DATE JAN - 11 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Edwards
Bevier, Mo.

20. FILED

Jan 13, 1939 Edw. Simpson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1939
 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1939 to Jan. 8, 1939
 I last saw him alive on Jan. 8, 1939. Death is said to have occurred on the date stated above, at 7:15 A.
 The principal cause of death and related causes of importance were as follows:

Influenza
131
 Date of onset Dec. 15,
 Other contributory causes of importance:
Chronic Mitral Regurg. 1898
Chronic Ht. Hypertension
Arteriosclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

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) Dr. E. H. Liddle
 (Address) Bevier, Mo

STATEMENT BY LICENSED EMBALMER
CONCERNING THE EMBALMING OF A BODY
BY THE EMBALMER

RECEIVED

District Health Officer No. 10

District File Number 10-39-124

Date Filed FEB 10 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, _____

_____, or by _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.