

888
 1938 JUN 22 1938

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

19574

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 736
 (b) Township Grass Primary Registration District No. 6864
 (c) City Renick, Mo (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5310 Coza Elizabeth Andrews St. Renick Mo
 (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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert E. Andrews
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1874

7. AGE YEARS 65 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) 5-28-39 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs, Mo

FATHER 13. NAME Jermiah Furnick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Mo

MOTHER 15. MAIDEN NAME Louisa Riley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs, Mo

17. INFORMANT (ADDRESS) Robert E. Andrews
Renick, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE 5-30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilton - Guymon
Independence, Mo 1063

20. FILED 5-29 1938 Eliza Kimbrough Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/28 - 1938 to 5/29 - 1939

I last saw h. er alive on 5/29 - 1939 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arterial Sclerosis

Name of operation none Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Paul C. Davis, M. D.

(Address) Independence, Mo

J. T. Kember

RECEIVED

District Health Officer No. 10

District File Number *10-39-999*

Date Filed *6-7-39*

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 *me*

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

Signed *Paul T. Miller*

Licensed Embalmer No. *2866*

P. O. Address *Fayette 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.