

Registration District No. 384

Primary Registration District No. 5535

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell 1 2
(b) City or town Rural, Howell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 0 - 1 - 28 (Specify whether years, months or days) 521

3. (a) PRINT FULL NAME Margaret Louise Andrews

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Sept. 6, 1939 (Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 28 If less than one day hr. _____ min. _____

9. Birthplace West Plains, Mo. Rover Rt. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Theodore Andrews

13. Birthplace Rover, Mo. 1 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Carthy (City, town, or county) (State or foreign country)

15. Birthplace Lansing, N.C. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theodore Andrews

(b) Address West Plains, Mo. Rover Route

17. (a) Burial (b) Date thereof Nov. 6, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Elk Creek Cem. Howell Co.

18. (a) Signature of funeral director Mal Thornburgh

(b) Address West Plains, Mo.

19. (a) 11-5-39 (b) Vida W. SIMMONS (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. West Plains, Mo. Rover Rt. (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th year 1939 hour 6 minute 30 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Accidental Suffocation

Due to Sleeping on face in basket.
Had head cold.

Due to _____

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

Major findings: _____ Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-4-39

(c) Where did injury occur? West Plains Howell Co Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(Specify type of place)

While at work? _____ Means of injury _____

23. Signature Mal C. Thornburgh (M. D. or other) Coroner

Address West Plains, Mo. Date signed 11/6/39

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.....

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

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 1239440

Licensed Embalmer No.....

Date Filed 12829

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.