

No. 2
11-10-39
-17-33
I

MAY 13 1940
Registration District No. **218**

Primary Registration District No. **2001**

Registrar's No. **323**

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
920 College St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) 531

8. (a) PRINT FULL NAME WILLIAM AMOS ANDREWS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-10-4518

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

6. (b) Name of husband or wife Ida Andrews 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 23, 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Wraymouille Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Missouri Railroad

12. Name Robert A. Andrews

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Karrel Boulson

15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Andrews

(b) Address 920 College Springfield Mo.

17. (a) Burial (b) Date thereof April 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director F. C. ...
(b) Address Springfield Mo. 2910

19. (a) 4/13/40 (b) Chas. A. George, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 920 College St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1940 hour 3:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 1st 1939 to 3-31 1940
that I last saw him alive on 3-31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Due to Carcinoma of Lt. lung primary

Other conditions (Include pregnancy within 5 months of death) 47

Major findings: Of operations _____
Of autopsy _____

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 _____
Signature W. H. ... (M. D. or other) _____
Address 432 Med. Arts Spfld Mo. Date signed 4/14/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *R. H. Quinn*
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.

X