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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35590

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 301 JOPLIN St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 5 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JASPER
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 301 Joplin St. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME CLARENCE W. ANDREWS
3. (b) If veteran, name war No
3. (c) Social Security No. 491-01-2305
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive No years
7. Birth date of deceased APRIL (Month) 28 (Day) 1897 (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	6	2	hr. min.

9. Birthplace NEW MEXICO 1
(City, town, or county) (State or foreign country)
10. Usual occupation MECHANIC 4
11. Industry or business AUTO INDUSTRY 5
FATHER
12. Name No RECORD 7
13. Birthplace No RECORD
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No RECORD
15. Birthplace No RECORD
(City, town, or county) (State or foreign country)
16. (a) Informant Thelma Andrews
(b) Address 4247 Laclede - St. Louis
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-2-40 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRVIEW CEMETERY
18. (a) Signature of funeral director Hurlbut Und Co.
(b) Address 212 Joplin St. Joplin Mo.
19. (a) 11-1-40 (Date received local registrar) (b) Ed D. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1940 hour 7:30 minute A. M.
21. I hereby certify that I attended the deceased from ..... 19 to ..... 19 ; that I last saw him alive on October 30 - 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy View	

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

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? 372 — (Specify type of place)
While at work? (e) Means of injury — 5
23. Signature A. H. Winchester Coroner (M. D. or other)
Address Joplin, Mo. Date signed 10-30-40.

(Licensed Embalmer's Statement on Reverse Side)

40-11-538

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 Sam E. Sensenig Jr

Licensed Embalmer No. 4099

P. O. Address Joplin 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, fact should be so stated above.