WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FILED DEC 11 1940

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

39965
Do not use this space.

1. PLACE OF DEATH
(a) County Stone — Registration District No. 845
(b) Township Ruth — Primary Registration District No. 6108 — Registered No.
(c) City 2 / (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 Roberta Andrews
(a) Residence, No. Stone Co. 0 St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.W.Andrews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-20-1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	9	27	

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indian Ter.

FATHER
13. NAME George Butrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Lou Boling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) W.W.Andrews Reeds Spring, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crane Mo DATE 11/29 1940

19. FUNERAL DIRECTOR (NAME) Manlove-Underhill (ADDRESS) Crane Mo

20. FILED Dec 23 1940 LSS Thurmond Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17-40 , 19

22. I HEREBY CERTIFY, That I attended deceased from July , 1940, to 11-16-40 , 19
I last saw her alive on 11-16-40 , 19 Death is said to have occurred on the date stated above, at 5-7 A. M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Was found dead in bed.	
Mitral Stenosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify ..... No

(Signed) W.O. Caldwell , M. D.
763 (Address) Reeds Spring Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14023

RECEIVED
District Health Officer No. 6,
District File Number 11 46 - 2946
Date Filed DEC 6 1940

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.