S. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10552

FILED APR 7 1941

Registration District No. 272

Primary Registration District No. 5379

Registrar's No. 42

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

34
0
0

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town ~~Ava~~ Benton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louvisa Andrews

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Harvy M. Andrews

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 12, (Day) 1862 (Year)

8. AGE: Years 78 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Ava, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Brixey
13. Birthplace (City, town, or county) Ark. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Allen Cardwell
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Artie Lindsay
(b) Address Ava, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Brixey

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Mo.

19. (a) 3-29-1941 (Date received local registrar) (b) Reba King White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1941 hour 6: minute A M.

21. I hereby certify that I attended the deceased from March 1, 1941, to March 10, 1941; that I last saw her alive on March 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Days Unknown

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? 9 11 (Specify type of place)
While at work? (e) Means of injury

23. Signature R M Norman (M. D. ~~or other~~) D
Address Ava Mo Date signed Mar 22 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 441-504
Date Filed APR 2 1941

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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.