

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 16 1941

Registration District No. 224

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4356 6261

State File No.

Registrar's No.

38922

1. PLACE OF DEATH:

(a) County NEW MADRID
(b) City or town WILBURN
(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 WHOLE LIFE / (Specify whether years, months or days)

3. (a) PRINT FULL NAME WALTER ANDREWS

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

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced 61
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 21 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 7 7 hr. min.

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

10. Usual occupation NON

11. Industry or business NON

12. Name HARRISON ANDREWS
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name PEARLINE SMITH
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Harrison Andrews
(b) Address Lilbourn, Mo.

17. (a) BURIED (b) Date thereof 12 9 / 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation A.F.A.M CEMATRY

18. (a) Signature of funeral director L.M. HILL
(b) Address Lilbourn

19. (a) 12-9-1941 (b) 3122 Joppe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New. Madrid
(c) City or town LILBOURN
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? RUAL C. PROD years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1941 hour 4 minute AM

21. I hereby certify that I attended the deceased from Dec 8th 1941 to Dec 8 1941
that I last saw him alive on Dec 8 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Strep throat Duration _____

Due to Strep infection of throat
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Edward M Papp (M. D. or other)
Address Marston Mo Date signed 12-8-41

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 *not Embalmed*

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

Signed

Licensed Embalmer No. *2627*

P. O. Address *Lebanon 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.