

DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39216

State File No.

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
620 Woodland Ave. /
(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)

3. (a) PRINT FULL NAME Joseph Andrews.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 22 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 4 hr. min.

9. Birthplace Howard Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Elijah Andrews
13. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Hudson
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Pet Andrews
(b) Address 620 Woodland Ave. Moberly

17. (a) Burial (b) Date thereof Nov 28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope. Howard Co

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo

19. (a) Nov 28-41 (b) Seal Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 620 Woodland Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1941 hour II minute 50 p.m.

21. I hereby certify that I attended the deceased from Nov 25
1941 to Nov 26 1941
that I last saw him alive on Nov 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Apoplexy Nov 25

Due to.....
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.....

23. Signature St. L. Williams (M. D. or other)
Address Moberly Date signed 11-28-41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2211

Date Filed DEC 18 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. J. Stanfield
Licensed Embalmer No. 2647

P. O. Address Highway 20

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

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