

FILED FEB 11 1942

State File No.

Registrar's No.

Registration District No. 299

Primary Registration District No. 1002

402

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

1. PLACE OF DEATH:
(a) County Jackson.
(b) City or town Kansas City.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
927 West 34 St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 30 years.
years, months or days)

3. (a) PRINT FULL NAME LEWIS BENJAMIN ANDREWS.
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married Widowed
6. (b) Name of husband or wife Elizabeth Moffett 6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 17 1850.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 3 9 17 hr. min

9. Birthplace West Point / Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Broker

11. Industry or business Live Stock

12. Name no Record

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

14. Maiden name no Record

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

16. (a) Informant Walter C. Walker Atty.

(b) Address 110 West 10th St Bldg.

17. (a) Burial (b) Date thereof Jan. 29 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington.

18. (a) Signature of funeral director Bentley Mortuary.

(b) Address 5811 Troost.

19. (a) 1/29/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Mo. (b) County Jackson. 3
(c) City or town Kansas City. 8
(If outside city or town limits, write "RURAL")
(d) Street No. 927 West 34th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1942 hour 9 minute P3 M.

21. I hereby certify that I attended the deceased from Feb 12 42
1941 to Jan 26 1942
that I last saw him alive on Jan 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute Congestive Heart failure Duration 12 hrs
Due to Chronic Myocarditis 1 yr

Due to Senility 93 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 2

23. Signature H. E. Schorn (M. D. or other) yo.

Address 2434 Werby Bldg Date signed 1-28-42

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.....

Guy J. Beffington

Licensed Embalmer No. *27576*

P. O. Address *K. C. 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.