

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7152

Registration District No. 4-91

Primary Registration District No. 62-65

Registrar's No.

1. PLACE OF DEATH:

(a) County. LINCOLN
(b) City or town. RURAL (HAWK POINT TWP.)
(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
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Cale W. Andrus

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tillie Cornell 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb. 8 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Illinois / U.S.A. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Don't know

12. Name Don't know
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Tillie Andrus
(b) Address Rt. 1, De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto, Mo.

18. (a) Signature of funeral director Motherhead
(b) Address De Soto, Mo.

19. (a) Jan. 28-42 (Date received local registrar) (b) Mrs. H. J. Jackson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Rural R. 1 (If outside city or town limits, write "RURAL")
(d) Street No. De Soto, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 12 year 1942 hour about 2:00 P. M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 940

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

23. Signature A. J. Jackson (M. D. or other)

Address Justice of the Peace Date signed 1/15/42

11-30 (Licensed Embalmer's Statement on acting as coroner, Troy, Mo)

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

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

Joseph J. Marsh

Licensed Embalmer No.

3932

P. O. Address

Tray, 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.