

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

7505
Do not use this space.

FILED MAR 12 1942

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 677
 (b) Township _____ Primary Registration District No. 4403
 (c) City Ralla (d) Street No. _____ Registered No. 8131
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 30

2. PRINT FULL NAME Woodrow Andres
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) _____
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 2 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralla Mo

FATHER
 13. NAME Wm Andres Franks Mo
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franks Mo

MOTHER
 15. MAIDEN NAME Letta Queen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralla Mo

17. INFORMANT (ADDRESS) Wm Andres Jerome Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pisga DATE 3/3 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Null & Son Ralla Mo

20. FILED 2-28 1942 Kelly Walke Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Woodrow Andres was in a Car With a Britton boy who was driving the Car, it appears Britton lost control of the Car it seem to have overturned and the Andres boy was killed we judge instantly
 Other contributory causes of importance: 1700-6

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury Feb 28, 42
 Where did injury occur? On Hiway 66 East of Wain esville, Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. On Highway 466
 Manner of injury over the car
 Nature of injury Broken neck, Crushed skull

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) R. S. Null Coroner M. D.
 (Address) Ralla Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-33 I X16805

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.....



Lee Johnson

Licensed Embalmer No. *3392*

P. O. Address *Newburg 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.

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 31

1. PLACE OF DEATH

(a) County Phelps

(b) City or town Rolla
(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 _____ (Specify whether _____)

In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

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

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Woodrow Andres

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Dec 28
(Month) (Day) (Year)

8. AGE: 19 Years 2 Months 0 Days (If less than one day _____ min.)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant W.A. (b) Address _____

17. (a) _____ (b) Date thereof 3-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo

18. (a) Signature of funeral director W.A. [Signature]

(b) Address Rolla, Mo

19. (a) 3-3-42 (b) J.W. Walker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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 _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

