

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

28465

State File No. _____

Registration District No. 374

Primary Registration District No. 6-2736-276

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Worth
 (b) City or town Rural Union township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 Sheridan, Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 26 yrs years, months or days)

3. (a) PRINT FULL NAME Dorothy Ann Andrews

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married 2 divorced, widowed
 6. (b) Name of husband or wife W.H. Andrews 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sep 15 1930 (Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation house wife

11. Industry or business

12. Name Alexander Young
 13. Birthplace Illi (City, town, or county) (State or foreign country)
 14. Maiden name Mary Hibbs
 15. Birthplace Illi (City, town, or county) (State or foreign country)

16. (a) Informant Hiram Andrews
 (b) Address Grant City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Leadern

18. (a) Signature of funeral director Hayes Andrews
 (b) Address Worth Mo

19. (a) Aug 30, 1942 (Date received local registrar) (b) Arless Scallen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113
 (c) City or town Rural Sheridan, Mo (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 5 1942 to Aug 5 1942
 that I last saw her alive on Aug 5 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack
senility 92 yrs

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No
 Of autopsy No

Duration

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 John Andrews Address Grant City Mo Date signed 8/26

(Licensed Embalmer's Statement on Reverse Side)

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

13
 0
 0

1104

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

Licensed Embalmer No.

P. O. Address

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.