

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 8 1942

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 375

80  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County..... Pettis

(b) City or town..... Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
323 West 4th. St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1 Mo. (Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME: Marintha Jane 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, divorced: Wid. 2

6. (b) Name of husband or wife: J.P. Andrews

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: May 12 1849  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
93	6	13	hr. min.

9. Birthplace: Ind. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business.....

MOTHER FATHER {

12. Name: David Heightshoe

13. Birthplace: Holland 4  
(State or foreign country)

14. Maiden name: (Elizabeth) Burns

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

16. (a) Informant: J.F. King

(b) Address: Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal): Marionville, Mo.

(b) Date thereof: 11/27/42  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director: Geo. Hilland

(b) Address: Sedalia, Mo.

19. (a) 11/26/42 (b) Mrs. Anna Berger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Lawrence 55

(c) City or town: Marionville 2  
(If outside city or town limits, write "RURAL")

(d) Street No..... 0  
(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 25 year 1942 hour 4 minute: 45 P. M.

21. I hereby certify that I attended the deceased from Nov 23rd 1942 to Nov 25th 1942 that I last saw her alive on Nov 25th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: Chronic Nephritis

Due to: Senility

Other conditions: Very large colon

(Include pregnancy within 3 months of death)

Major findings: 1318

Of operations.....

Of autopsy: no 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: Dr. C. Bohling 0 (M. D. or other).....

Address: Sedalia, Mo. Date signed: 11/26/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 12-7-42

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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 L. E. Broulchin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.**