

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40643

State File No.

Registrar's No. 74

FILED JAN -9 1943
Registration District No. 101

Primary Registration District No. 5409

34
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution: 1
(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 Missouri (b) County Douglas

(c) City or town Ava Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. Route 2
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James C. Andrews

3. (b) If veteran, name war..... 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1942 hour 3:45 minute 25 P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Samantha Andrews 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 19, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1st 1942 to Nov 1st 1942
that I last saw him alive on Nov 1st 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 7 14 hr. min.

Immediate cause of death mitral insufficiency

Duration

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

10. Usual occupation Farmer

Due to.....

Due to.....

11. Industry or business.....

12. Name Thomas Andrews

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

14. Maiden name Susan Eslick

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

928

16. (a) Informant J W Burrus

(b) Address Route 2, Ava, Missouri

17. (a) Burial (b) Date thereof 11-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home,
Ava, Missouri

(b) Address.....

19. (a) 1-2-43 (b) Shelma S. Waters
(Date received local registrar) (Registrar's signature)

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 J. L. G. G. G. (M. D. or other)
Address Ava Mo Date signed 11-5-42

1056

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. L. Gentry

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.....

W. B. Whitman

Licensed Embalmer No.....

3431

P. O. Address.....

Am md

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.