

FILED AUG 14 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3390

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 28 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2612 Jackson
(If rural, give location)

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

3. (a) PRINT FULL NAME Ter Andros (Theodore) Andros

MEDICAL CERTIFICATION

3. (b) If veteran, name war NO

3. (c) Social Security No. 491-20-4946

20. DATE OF DEATH: Month August day 3 year 1943 hour 5 minute 30 P. M.

4. Sex Male 5. Color White (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Marie Andros 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1, 1943 to August 3, 1943; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 4 Days 27 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of Colon

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

Due to 462

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name John Andros

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

14. Maiden name Marion Parks

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

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Marie Andros

(b) Address 2612 Jackson

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

(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? _____

18. (a) Signature of funeral director W. E. Brown

(b) Address 2016 Broadway

(Specify type of place) _____ (g) Means of injury _____

19. (a) 8-5-43 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Brown (M. D. or other) _____
Address _____ Date signed _____

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *John E. Zunk*

Licensed Embalmer No. *3775*

P. O. Address..... *N. E. 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.