

FILED
AUG 20 1943

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 24

1. PLACE OF DEATH:

(a) County ANDRAIN

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

(c) Name of hospital or institution:
313 S. HINDELL ST 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....2475 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN

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

(d) Street No. 313 S. HINDELL ST
(If rural, give location)

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

If yes, name country.....N

3. (a) PRINT FULL NAME ROBERT BRIGGS TREDWAY

3. (b) If veteran, name war.....
3. (c) Social Security No. 498-10-5407

4. Sex <u>M</u>	5. Color or Race <u>W</u>	6. (a) Single, widowed, married, divorced. <u>MARRIED</u>
6. (b) Name of husband or wife <u>MARY JEANNA TREDWAY</u>	6. (c) Age of husband or wife if alive. <u>68</u> years	
7. Birth date of deceased <u>JUNE 29 1890</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>14</u>	hr. min.

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

10. Usual occupation LABORER RETIRED JULY 1, 1940

11. Industry or business HABISON-WALKER REFR.

12. Name IRVINE M. TREDWAY

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

14. Maiden name SUSAN F. BRIGGS

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

16. (a) Informant John Delaney
(b) Address Fray, Mo.

17. (a) BURIAL (b) Date thereof AUG 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA

18. (a) Signature of funeral director W. J. Water
(b) Address Vandalia Mo.

19. (a) Aug 13 1943 (b) Mattie Inguan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1943 hour 1:15 minute P.M.

21. I hereby certify that I attended the deceased from August 11th
1943, to August 12, 1943
that I last saw h.i.m. alive on August 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Chronic pyogenic infection oral

Due to.....
Other conditions Hypertension & Atherosclerosis 1 yr-1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration 2 days

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 Dr. R. L. Marshall (M. D. or other)
Address Vandalia Mo Date signed Aug 13

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-431417

Date Filed AUG 19 1943

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..... H. S. Waters

Licensed Embalmer No. 4295

P. O. Address..... Vandalia 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.