

S. No. 2  
OM-2-43  
5-17-39

27955

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 10 1948

Registration District No. 69

Primary Registration District No. 5270

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Christian

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 2 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone

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

(d) Street No. Crane, Mo. R#2  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jess Andrus

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16  
year 1948 hour 5 minute 30 P.M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug. 17, 1892  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 16 1948 to Aug 16 1948  
that I last saw him alive on Aug 14 1948  
and that death occurred on the date and hour stated above.

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>50</u> | <u>11</u> | <u>29</u> | hr. _____ min. _____ |

Immediate cause of death

Ca of Urinary bladder

Due to metastasis to

Due to kidneys, abdomen and lungs.

Other conditions (Include pregnancy within 3 months of death) 52 F

Duration

18 mo.

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

10. Usual occupation farming

Major findings: Ca of bladder

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Lonzo Andrus

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

14. Maiden name Nancy Cox

15. Birthplace No  
(City, town, or county) (State or foreign country)

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 A.P. Coyle M.D. (M.D. or other) \_\_\_\_\_  
Address Crane Mo Date signed 8-17-48

16. (a) Informant Lawson Andrus

(b) Address Crane, Mo. R#2

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof Aug. 18, 48 (Month) (Day) (Year)

(c) Place: burial or cremation Wrights Chapel

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) August 19, 48 (Date received local registrar)

(b) Mary Z. Spear (Registrar's signature)

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

200

RECEIVED

District Health Officer No. 6,

District File Number 943-1046

Date Filed 9-9-43

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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 J. H. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.