

FILED JUN 12 1944

Registration District No. 2

Primary Registration District No. 6093

Registrar's No. 100

1. PLACE OF DEATH:

(a) County SALINE
 (b) City or town MARSHALL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MO. STATE SCHOOL
 (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

3. (a) PRINT

FULL NAME JIMMIE ANDREWS

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex MALE

5. Color or
 race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased OCT-
 (Month)

9 - 1907
 (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

36

7

13

hr. _____

min. _____

9. Birthplace

KANSAS CITY - MO.
 (City, town, or county)

MO.
 (State or foreign country)

10. Usual occupation

INMATE

11. Industry or business

STATE SCHOOL

12. Name

EVERET ANDREWS

13. Birthplace

ILL.
 (City, town, or county)

MO.
 (State or foreign country)

14. Maiden name

ADA STOCKLEY

15. Birthplace

MO.
 (City, town, or county)

MO.
 (State or foreign country)

16. (a) Informant

RECORDS STATE SCHOOL

(b) Address

MARSHALL MO.

17. (a)

Burial
 (Burial, cremation, or removal)

(b) Date thereof

NOV 23 1944
 (Month) (Day) (Year)

(c) Place: burial or cremation

Ridge Park Cem. Marshall Mo.

18. (a) Signature of funeral director

Herakluger

(b) Address

Marshall Mo.

19. (a)

5/23/1944
 (Date received local registrar)

(b)

MO. T. O. Weather
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County SALINE
 (c) City or town MARSHALL
 (If outside city or town limits, write "RURAL")
 (d) Street No. MO-STATE SCHOOL
 (If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY - day 22
 year 1944 hour ONE minute 15 - A.M.

21. I hereby certify that I attended the deceased from
APRIL 2 - 1944 to MAY 22 - 1944
 that I last saw him alive on MAY 21 - 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death

ACUTE INFECTIOUS
HEPATITIS

Duration

about
5 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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 R. Keely (M. D. or other) MD

Address Marshall Mo. Date signed 5/24/44

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-9-44

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.....

Harry Herschberger

Licensed Embalmer No.....

4357

P. O. Address.....

Marshall 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.