

FILED SEP 14 1944

Registration District No. 3

Primary Registration District No. 3006

Registrar's No. 206

1. PLACE OF DEATH

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilhite Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months
(Specify whether years, months or days)
In this community 69 years

3. (a) PRINT FULL NAME Charles Douglas Andrews

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

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 2-14-1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. L. LaZare
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 8-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Springs

18. (a) Signature of funeral director Parish Funeral Service

(b) Address Columbia, Mo.

19. (a) 8-25-1944 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 104 Ripley
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1944 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8-22-44 to 8-22-44, 19____;
that I last saw him alive on 8-22-44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain hemorrhage & Paralysis Duration 2 days

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 statistically.

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

(a) Accident, suicide, or homicide (specify) NO
(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 F. B. Thompson (M. D. or other)
Address Columbia, Mo. Date signed 8/24/44

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

9-13-44

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

working under my personal supervision.

Signed

W. S. Whitesides

Licensed Embalmer No.

3893

P. O. Address

Columbia, 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.