

**FILED DEC 4 1944**

Registration District No. **1000**

Primary Registration District No. **1000**

Registrar's No. **1181**

**1. PLACE OF DEATH:**

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2112 So. 9th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 40 years  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan **11**  
(c) City or town St. Joseph **1**  
(If outside city or town limits, write "RURAL") **7**  
(d) Street No. 2112 So. 9th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country U

3. (a) PRINT FULL NAME Robert Harvey Andres

3. (b) If veteran, name war none 3. (c) Social Security No. 496-03-6479

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Ruby E. Andres 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 22 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 11 2 hr. min.

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

10. Usual occupation clerk

11. Industry or business Swift and Co.

12. Name Robert S. Andres

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

14. Maiden name Margaret Harvey

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

16. (a) Informant Mrs. Robert H. Andres

(b) Address 2112 So. 9th

17. (a) burial (b) Date thereof 11/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Newton Besale & Bouman

(b) Address 319 So. 10th

19. (a) 11/24/44 (b) Robert S. Andres  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 24  
year 1944 hour 12:15 minute 00 M.

21. I hereby certify that I attended the deceased from Nov 23 1944 to Nov 24 1944

that I last saw him alive on Nov 23 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage

Due to arterio sclerosis

Due to.....

Other conditions 730'  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

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 5

23. Signature Collis R. Rainey (M. D. or other)

Address Madison 1249 Date signed Nov 24

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

MOTHER FATHER

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 Frank A. Brennan

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.**