

FILED FEB 19 1945

State File No. _____

Registration District No. 6

Primary Registration District No. 5031

Registrar's No. 2

1. PLACE OF DEATH:

(a) County ANDRAIN
(b) City or town CHIVRETNP RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 MILES WEST VANDALIA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 12 YEARS

3. (a) PRINT FULL NAME LAMIEL GATTIS ANDREWS

3. (b) If veteran, name war WORLD WAR #1 3. (c) Social Security No. 492-10-1126

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married divorced MARRIED
6. (b) Name of husband or wife ADDIE ANDREWS 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased OCT 27 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 13 If less than one day hr. min.

9. Birthplace WILLIAMS BURG CALLOWAY Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation MINE FOREMAN

11. Industry or business WALSH REFRIGERATORIES

12. Name WOODSON ANDREWS

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

14. Maiden name FANNIE HUNNLEY

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

16. (a) Informant ADDIE ANDREWS

(b) Address VANDALIA MO.

17. (a) BURIAL (b) Date thereof 2-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LADDONIA CEMETARY

18. (a) Signature of funeral director Glenn Smith

(b) Address Vandalia, Mo.

Feb 10 1945 (b) Mallie Fugua
(Local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrain
(c) City or town Rural Chivretnp
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles West Vandalia, Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1945 hour 2:05 pm minute 5 p.m.

21. I hereby certify that I attended the deceased from Jan
1944 to Feb 10 1945
that I last saw him alive on Feb 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration 1 yr

Due to Carcinoma of stomach and Intest. with metast. to rectum

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H6

Of autopsy H6 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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Dr. J. R. Dougherty (M. D. or other) DO
Address Vandalia, Mo Date signed 2/10/45

FEB 23 1945

MAR -8 1945

MAY 27 1957

RECEIVED

District Health Officer No. 10

District File Number 2-46-375

Date Filed FEB 16 1945

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, _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Clyde W. Wilkey

Licensed Embalmer No.

3820

P. O. Address

Perry, 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.