

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1945

Registration District No. 215

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4442

State File No. 14344
Registrar's No. 14

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee Mo.
(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
In this community 67 yrs Apr 20 1922 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Omer Andrews.

3. (b) If veteran, name was

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephene Andrews 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Sept. 8 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 12 hr. min.

9. Birthplace Howard Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Lewis Andrews.
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Martha Page
15. Birthplace Howard Co.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephene Andrews
(b) Address Higbee Mo.

17. (a) Burial (b) Date thereof Apr 22 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope. (Howard Co)

18. (a) Signature of funeral director Joe W. Burton

(b) Address Higbee Mo.

19. (a) 5-1-45 (b) Mrs. P. V. V. V.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1945 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 1
2 1945 to April 20 1945
that I last saw him alive on April 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage

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)
(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 U. S. Robinson (M. D. or other) P. D.
Address Higbee Date signed 4-23-45

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

MAY 22 1945

RECEIVED

District Health Officer No. 10

District File Number 5-45-745

Date Filed MAY 4 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, or by.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.