

FILED JUL 13 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 335

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Wheaton - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wright Memorial Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MILTON FLOYD ANDREWS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1945 hour 4:30 minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if 1861 years
Mary Plummer Andrews (Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Skull fracture Duration _____

8. AGE: Years Months Days If less than one day
84 6 3 hr. _____ min.

Due to Long term cancer in distal and threw pins out causing
Due to Skull fracture causing death in about 30 minutes
Other conditions _____ (Include pregnancy within 3 months of death)

9. Birthplace Chariton Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Major findings: Operations Skull fracture PHYSICIAN _____
Of autopsy no no Underline the cause to which death should be charged statistically.

11. Industry or business Farm
12. Name Lyman Andrews
13. Birthplace unknown New York (City, town, or county) (State or foreign country)
14. Maiden name Nicola Bogner
15. Birthplace unknown Illinois (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Skull fracture
(b) Date of occurrence June 13, 1945
(c) Where did injury occur: 10 W. South Trenton (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 _____

16. (a) Informant Lyman Andrews
(b) Address 3133 Penn St. St Joseph Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem. Lincoln
18. (a) Signature of funeral director: W. S. Thomas
(b) Address Calvary, Penn Co. Mo.
19. (a) June 14 - 45 (Date received local registrar) (b) D. S. Roberts (Registrar's signature)

23. Signature P. C. Foster (M.D.)
Address Preston Mo Date signed 6-13-45

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

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201

JUL 31 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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer No. 11,

District File Number.....

Date Filed.....

Signed.....

M. G. Thorne

Licensed Embalmer No. *2876*

P. O. Address. *La Crosse, 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.