

FILED SEP 13 1945

Registration District No. **2**

Primary Registration District No. **4407**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **La Monte**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **70 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth A. Andrew

3. (b) If veteran, name war **3. (c) Social Security No.**

4. Sex **F.** **5. Color or race** **W** **6. (a) Single, widowed, married, divorced** **Widow**
6. (b) Name of husband or wife **P.C. Andrew** **6. (c) Age of husband or wife if alive** **years**
7. Birth date of deceased **Oct 6 1871** (Month) (Day) (Year)

8. AGE: Years **73** Months **10** Days **10** If less than one day **hr.** **min.**

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

10. Usual occupation **Home**

11. Industry or business

12. Name **Samual W. Reavis**
13. Birthplace **Pettis Co. Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Sarah E. Woolf**
15. Birthplace **Pettis Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Ester Rohades**
(b) Address **La Monte Mo.**

17. (a) **Burial** **(b) Date thereof** **Aug. 18-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **La Monte**

18. (a) Signature of funeral director **B.F. Parker**
(b) Address **La Monte Mo.**

19. (a) **8-18-45** **(b)** **Ann Anna Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **La Monte Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **16** year **1945** hour **8:30** minute **A.** M.
21. I hereby certify that I attended the deceased from **8/16/45**
_____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** **4 yr.**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **93A**

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 **3**

23. Signature **K. L. Holden** (M. D. or other) **DO**

Address **329 Eganfair Bldg.** X Date signed **8-16-45**

(Licensed Embalmer's Statement on Reverse Side) **Sadalia, Mo**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2.

District File Number

Date Filed

9-12-45

DEC 30 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

Registered Apprentice No.

working under my personal supervision.

Signed

B. F. Garner

Licensed Embalmer No.

1592

P. O. Address

La Monte, 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.