

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34752

Registration District No. 222

Primary Registration District No. 3071

Registrar's No.

1. PLACE OF DEATH
(a) County Saline
(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community most all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Henry Andrews
(b) If veteran, name war 1st World War
(c) Social Security No. 493-12-8158

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife
(c) Age of husband or wife if alive years
7. Birth date of deceased May 10 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 21
If less than one day hr. min.

9. Birthplace Slater Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation day laborer

11. Industry or business
12. Name Ike Andrews
13. Birthplace Don't Know No 9
(City, town, or county) (State or foreign country)
14. Maiden name Clara Officer
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Officer, Jr.
(b) Address Slater, Mo.

17. (a) burial
(b) Date thereof 11-7-'45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Slater, Mo.

18. (a) Signature of funeral director Hill Brothers;
(b) Address Slater, Mo.

19. (a) Nov. 9, 1945 (b) Mrs. Earl C. Metz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline 97
(c) City or town Slater 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 31
year 1942 hour about 11 minute 2 M.
21. I hereby certify that I attended the deceased from Investigated
the death - Nov. 7, 1940 - 19
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage -
Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Mo -
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)
(c) Means of injury Saline Co.
23. Signature C. L. Lewis Peroner (M. D. or other)
Address Main Hall Mo. Date signed 11-7-40

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-13-45

NOV 28 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the ~~body whose name is recorded on the~~ reverse side of this certificate was embalmed ^{not} by me, or by
body was not embalmed

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

Signed.....

Licensed Embalmer No. 3090

P. O. Address. Slater, 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.