

FILED MAR 6 1946

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Higginsville, 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 31 years (Specify whether years, months or days)  
In this community 31 years

3. (a) PRINT FULL NAME Frances Gertrude Andrews

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife N. R. Andrews 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Nov. 17th 1877  
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Bloomington, Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business /

12. Name Abraham Godsey

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

14. Maiden name Elizabeth Hovis

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

16. (a) Informant Mildred Torp

(b) Address Higginsville, Missouri

17. (a) Burial (b) Date thereof 2/4/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville City Cem

18. (a) Signature of funeral director [Signature]

(b) Address Higginsville, Mo.

19. (a) Feb 7th 46 (b) Clayton M. Landrum  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54  
(c) City or town Higginsville 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 415 Fair Ground Avenue 1  
(If rural, give location)  
(e) Citizen of foreign country? / (Yes or No) 0  
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd  
year 1946 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct. 1935  
to Feb. 2, 1946  
that I last saw er alive on Feb. 2, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage Duration 30 min.

Due to Myasthenia gravis 20 yrs.

Due to Bronchitis with pleurisy

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

Major findings:  
Of operations /  
Of autopsy 13h  
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 [Signature] (M. D. or other) [Signature]  
Address Higginsville, Missouri Date signed 2-5-46

154

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

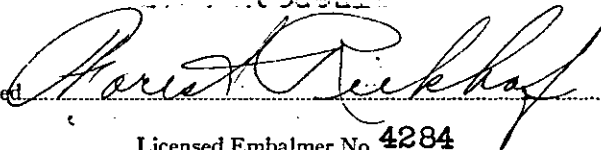
Date Filed 3-2-46

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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 

Licensed Embalmer No. 4284

P. O. Address Higginsville, 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.