

FILED MAR 8 1946

Registration District No. 231

Primary Registration District No. 5811

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Buell (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 _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Henry Andrews

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Clara Andrews 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 16 th 1894 (Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Garage

11. Industry or business _____

12. Name George W. Andrews
13. Birthplace Buell Mo (City, town, or county) (State or foreign country)
14. Maiden name Sarah Adams
15. Birthplace Buell Mo (City, town, or county) (State or foreign country)

16. (a) Informant Clara Andrews
(b) Address Buell Mo

17. (a) Burial (b) Date thereof 2-12-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) 2-16-46 (b) Duration of illness (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Buell (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1946 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from _____
that I last saw him alive on 2-10-46 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 Days
Angina Pectoris

Due to Angina Pectoris

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 [Signature] (M. D. or other) _____
Address [Address] Date signed 2-16-46

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-7-46

MAR 11 1946

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, on the 10th
day of Feb 1946, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.