

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 3 1946
149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2322

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1610 East 23rd. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 30 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1610 East 23rd St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mollie Andrews

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 15, 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1946 hour 7 minute 55P M.

21. I hereby certify that I attended the deceased from 5-20
....., 1946 to 5-21, 1946
that I last saw her alive on 5-21-46
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive heart disease

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>4</u>	<u>6</u> hr. min.

Due to.....

Due to.....

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

Major findings:
Of operations..... 93 d

Of autopsy.....

PHYSICIAN
.....
Underline the cause to which death should be charged statistically.

9. Birthplace Fayetteville, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Willie Evans

{ 13. Birthplace Fayetteville, Arkansas
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lucy Edward

{ 15. Birthplace Fayetteville, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Jennings

(b) Address 1830 East 22nd St.

17. (a) Burial (b) Date thereof 5/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Walter J. Brown

(b) Address 1729 Lydell Avenue

19. (a) 5-25-46 (b) Thelma Holman
(Date received local registrar) (Registrar's signature)

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)
..... Means of injury.....

23. Signature J. M. Wald (M. D. or other)
Address 1738 Forest Date signed 5-23-46

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

JUN 28 1946

L. W. Walden

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.....

L. Jerome Mendon

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.