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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8885

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1074

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

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 mins.
(Specify whether years, months or days)

In this community 15 years

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. 1309 E. 8 St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Eldridge Andrews

3. (b) If veteran, name war no.

3. (c) Social Security No. 1100 -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1947 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from 3-5
1947, to 3-5 1947.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Moussie Andrews

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Dec-6-1897
(Month) (Day) (Year)

that I last saw him alive on 3-5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 9/4/47

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>29</u>	<u>9</u> hr. _____ min.

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

10. Usual occupation Retired Chief

11. Industry or business _____

MOTHER FATHER

12. Name Walter J. Andrews

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

14. Maiden name M. E. Mann

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

16. (a) Informant Walter J. Andrews

(b) Address 1629 Elmwood

17. (a) Burial (b) Date thereof Mar 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Wm. C. P. Foster

(b) Address 918 Brooklyn

19. (a) 3-10-47 (b) Eldridge Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy See above

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 0

23. Signature Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 3-5-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Mr. Fitzgerald

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 *C. H. Wise*

Licensed Embalmer No. *2570*

P. O. Address *Re. 210*

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.