S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44506

FILED FEB 3 1948

Registration District No. 2548

Primary Registration District No. 5872

Registrar's No.

1. PLACE OF DEATH:
(a) County: Oregon
(b) City or town: Koshkonong Highland Twsp.
(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 years, months or days)
In this community: Lifetime

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

3. (a) PRINT FULL NAME: Pinkney Monroe Andrews
3. (b) If veteran, name war: --
3. (c) Social Security No.: --
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Viola Andrews
6. (c) Age of husband or wife if alive: 83 years
7. Birth date of deceased: February (Month) 27 (Day) 1857 (Year)

8. AGE: Years	Months	Days	If less than one day
90	7	7	hr. min.

9. Birthplace: Oregon County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: William Andrews
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name: Justine Perkins
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country) /
16. (a) Informant: Ernest Andrews
(b) Address: Koshkonong, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bedburn Cem.
18. (a) Signature of funeral director: Leland Carter
(b) Address: Thayer, Mo.
19. (a) 1-19-48 (Date received local registrar) (b) Miss W C Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1947 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from Aug 22, 1947, to Oct 4, 1947 that I last saw him alive on 22 Aug, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Face (to left of nose)	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 53	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Pagenkopf Smith (M. D. or other) W.D.
Address: West Plains, Mo. Date signed: 8 Nov 47

Smith W Plains

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 5,
District File Number 14859
Date Filed 1-29-48

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. .....

P. O. Address .....

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.