

S. No. 2
M-1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1954
Registrar's No. 2

National Office of Vital Statistics
FILED FEB 11 1948

Registration District No. 271

Primary Registration District No. 5911

1. PLACE OF DEATH:
(a) County Pemissat
(b) City or town Pascala, "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pemissat
(c) City or town Pascala, "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles E of Pascala
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME M. W. Andrew
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23
year 1948 hour 4:00 minute P. M.

4. Sex M 2 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Essie Andrew
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased 4 22 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death unconscious as this man fell dead while working
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
53 9 1 _____ hr. _____ min.

9. Birthplace Woodville, Miss.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Cotton farmer
12. Name John Andrew
13. Birthplace Woodville, Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Walker
15. Birthplace Woodville, Miss.
(City, town, or county) (State or foreign country)

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, industrial place, in public place?
While at work? (Specify type of place)
Means of injury
23. Signature John Kelly Coroner
Address Hayti, Mo. Date signed 1-24-48

16. (a) Informant Essie Andrew
(b) Address Conover, Mo.
17. (a) Funeral (b) Date thereof 1-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cathey, Mo.
18. (a) Signature of funeral director J. J. Smith
(b) Address Hayti, Mo.
19. (a) 2-3-48 (b) Ms. Janice Kurnage
(Date received local registrar) (Registrar's signature)

23. Signature John Kelly Coroner
Address Hayti, Mo. Date signed 1-24-48

2-48-49

FEB 2 3 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 Fred J. Smith

Licensed Embalmer No. 4409

P. O. Address Sikeston, 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.