

FILED APR 5 1948
Registration District No. 139

Primary Registration District No. 4521

Registrar's No. 26

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6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Holt
(a) County Mound City.
(b) City or town Mound City.
(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 years, months or days)

3. (a) PRINT FULL NAME Minnie Florence Andes

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

4. Sex Female / 5. Color or race white
6. (a) Single, widowed, married divorced Married

6. (b) Name of husband or wife Adam Andes
6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased August 11 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 13
If less than one day hr. min.

9. Birthplace Hupp Virginia /
(City, town, or county) (State or foreign country)
House Wife.

10. Usual occupation

11. Industry or business

12. Name John Daniel Mills

13. Birthplace England /
(City, town, or county) (State or foreign country)
Cathrine Munich

14. Maiden name New Market Virginia, /
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Andes.

(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof 3/26/48
(Burial, cremation, or removal) Mound City, Mo. (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director J. H. Crawford
(b) Address Mound City, Mo.
19. (a) 3-21-48 (b) J. H. Crawford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44
(c) City or town Mound City.
(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 March 24 day
year 1948 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from JAN 44
19, to MAR 23 1948;
that I last saw h. c. r. alive on MAR 23 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
CEREBRAL HEMORRHAGE 2 DAYS

Due to HYPERTENSION 3 yrs.

Due to ARTERIOSCLEROSIS 3 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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 H. E. Callin (M. D. or other) D.O.

Address F. O. V. S. T. CITY, MO. Date signed MAR 25 48

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Edward M. Disbana....., Registered Apprentice No. *48*
working under my personal supervision.

Signed..... *W. Crawford*.....

Licensed Embalmer No. *1824*.....

P. O. Address *Mound 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.