

1. PLACE OF DEATH:

(a) County: Saline
(b) City or town: Rural West Glasgow
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 1/2 mi south of West Glasgow Church
(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: William Lee 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: Infant
6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: DEC 2 1947
(Month) (Day) (Year)

8. AGE: Years: 5 Months: 4 Days: _____ If less than one day: _____

9. Birthplace: Fayette Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry or business: Infant

12. Name: William L. Andrews

13. Birthplace: Howard Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Josephine SKEGGS

15. Birthplace: Harrisburg Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Seymour Andrews
(b) Address: William Mo.

17. (a) Burial (b) Date thereof: May 7, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Glasgow Mo

18. (a) Signature of funeral director: W. L. Andrews

(b) Address: Glasgow Mo

19. (a) May 10, 1948 (b) Ms. Earl C. Metz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Saline 97
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street Name: William Mo. F. F. D. 0
1 1/2 mi south of West Glasgow Church 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 6
year: 1948 hour: 1 minute: 2 M.

21. I hereby certify that I attended the deceased from _____
I investigated the death May 6, 1948
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho Pneumonia

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: No

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: C. L. Lawless (M. D. or other) Saline Co.

Address: Mrs. Roll Mo Date signed: 5-6-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-25-48

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.

3978

P. O. Address

Glasgow 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.