

FILED NOV 8 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32017

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 1161

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town Rural Washington Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.R.#2, (No. 2nd Street Road) /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 20 years
 years, months or days)

3. (a) PRINT FULL NAME William A. Andrews3. (b) If veteran, name war No3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed 2
 6. (b) Name of husband or wife Catherine
 6. (c) Age of husband or wife if alive, -- years
 7. Birth date of deceased October 8, 1864
 (Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 22
 If less than one day hr. min.

9. Birthplace Sangamon Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Retired Nightwatchman11. Industry or business Speer Vinegar Co.

MOTHER FATHER
 12. Name Unk
 13. Birthplace Unk Unk
 (City, town, or county) (State or foreign country)
 14. Maiden name Unk
 15. Birthplace Unk Unk
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George L. Dillard(b) Address 3012 No. 10th, St. Joseph, Mo.17. (a) Burial (b) Date thereof 11-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Auburn Cemetery18. (a) Signature of funeral director Stanley Funeral Home(b) Address St. Joseph, Missouri19. (a) 11-4-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R.#2, (No. 2nd, Street Road)
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1948 hour 7 minute 15 a.m.21. I hereby certify that I attended and deceased from viewed
Oct 30th, 1948, to _____, 1948;that I last saw him alive on _____, 1948;
and that death occurred on the date and hour stated above.Immediate cause of death Accidentally
burned to death in home

Due to _____

Due to _____

Due to acc.Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 18!
Of operations _____

Of autopsy _____

Of autopsy 15

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

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence Cet 30th 1948(c) Where did injury occur? Rural St Joseph, Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HomeWhile at work? No (Specify type of place)
Means of injury BUR ned
23. Signature B. W. Tadlock Coroner
(M. D. or other)Address KING HILL BLDG Date signed 11/4/48
St. Joseph, 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.....

Charles E. Bennett....., Registered Apprentice No. *284*
working under my personal supervision.

Signed *Charles W. Harmon*
Licensed Embalmer No. *4487*
P. O. Address *St. Joseph*

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.