

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35349

Registration District No.

Primary Registration District No.

Registrar's No.

51

1. PLACE OF DEATH:

(a) County STONE
(b) City or town Reeds Spring
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY OF Reedspring
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2241 years, months or days)

3. (a) PRINT FULL NAME William M Wesley Andrews

3. (b) If veteran, name war NO 3. (c) Social Security No. 570-07-3065

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 21 - 1897
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Stone County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Lambert Andrews

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Dennis

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Willis Andrews

(b) Address Toplen Mo.

17. (a) Burial (b) Date thereof 12/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2001 S. Main St. Mo.

18. (a) Signature of funeral director Wm. J. Marsh

(b) Address Amora Mo.

19. (a) Oct. 28 1948 (b) Wm. J. Marsh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104
(c) City or town Reeds Spring, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
NO
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 1 day 24
year 1948 hour 1-3 minute 20 M.
October

21. I hereby certify that I attended the deceased from 17th, 48 to Oct. 24th, 1948
that I last saw him alive on October 23rd, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 90/5

PHYSICIAN

Underline the cause to 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 W. J. Marsh (M. D. or other) _____

Address Reeds Spring, Mo. Date signed 10/24/48

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

RECEIVED

District Health Officer No. 6,
District File No. 1148-1225
Date Filed 11-1-48

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.....

Myself, Registered Apprentice No.....
working under my personal supervision.

Signed

Ben L. Marsh
Licensed Embalmer No. 3812

P. O. Address *Quincy, 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.