

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39865

State File No. _____

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 1062

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural Springfield - N. Campbell Hwy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1307 Brown
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
Springfield 2
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 614 Prospect 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Richard H Andrews
3. (b) If veteran, name war WW II
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Andrews
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased August 18 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 3 16 hr. min.

9. Birthplace Christian County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business _____

MOTHER FATHER
12. Name Dewey Andrews
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Polly Smith
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dewey Andrews
(b) Address 1307 Brown

17. (a) Burial (b) Date thereof 12-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 12-8-48 (b) W. Handy in D
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th
year 1948 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from Nov 28 1948 to Dec 4 1948
that I last saw him alive on Dec -1- and that death occurred on the date and hour stated above.

Immediate cause of death Acute circulatory failure Due to Coronary thrombosis with myocardial infarction
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations g/a
Of autopsy _____

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? _____

23. Signature D. F. Youll (M. D. or other) DO
Address Springfield, Mo Date signed 12-7-48

JAN 13 1949

JAN 12 1949

JAN 6 1949

DEC 17 1948

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 Jewell E. Kuidle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.