

STANDARD CERTIFICATE OF DEATH

33834

Registration District No. 137

Primary Registration District No. 30234218

State File No.

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Community Rest Home  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Windsor, Missouri 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 weeks  
(Specify whether) In this community 3 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton 8  
(c) City or town Rural (If outside city or town limits, write "RURAL") 0  
(d) Street No. Route #2 (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 1  
If yes, name country

3. (a) PRINT FULL NAME Alba Arthur Andrews

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

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

6. (b) Name of husband or wife Mildred Laue 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 23, 1883  
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Charles W. Andrews

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

14. Maiden name Mary Ann Robertson

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

16. (a) Informant Mrs. Mildred Andrews  
(b) Address Windsor, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 27, '45  
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Mo.

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) Sept 11 - 40 (b) R. R. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 23 day 1945  
year \_\_\_\_\_ hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 2 1944  
to July 23 1945  
that I last saw him alive on July 23 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration \_\_\_\_\_

Due to Myocardial Stenosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Dr. H. L. ... (M. D. or other) all  
Address Windsor Mo Date signed 9-11-45

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

12  
2  
0

1452

(25)-27463

FILED

9.7

9-45-10-25

Date filed 10-19-45

**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 Edell Kinton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.**