

FILED NOV 9 1948

Registration District No. 157

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3023

State File No. 32693

Registrar's No. 224

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
WEST GRAVEL ST 1
(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 yrs. years, months or days

3. (a) PRINT FULL NAME MARY LOUISE ANDREWS

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

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

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

7. Birth date of deceased: MAY (Month) 14 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>60</u>	<u>5</u>	<u>19</u>		hr. _____ min. _____

9. Birthplace PARIS MO (City, town, or county) (State or foreign country) U

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JACOB ALBERT

13. Birthplace COLUMBUS OHIO (City, town, or county) (State or foreign country) 1

14. Maiden name AURILLA SMALLWOOD

15. Birthplace OHIO (City, town, or county) (State or foreign country) 1

16. (a) Informant G. A. COHEN

(b) Address CLINTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 11 3 1948 (Month) (Day) (Year)

(c) Place: burial or cremation JEWISH CEM. SENALIA MO

18. (a) Signature of funeral director CONSALUST PECK

(b) Address CLINTON MO

19. (a) 11-2-48 (Date received local registrar) (b) R. P. Kenney (Registrar's signature) 150

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HENRY 42
(c) City or town CLINTON 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. WEST GRAVEL ST 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1 year 1948 hour 11 minute 8 P.M.

21. I hereby certify that I attended the deceased from April 1, 1947, to Nov. 1, 1948; that I last saw her alive on Nov. 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
Demonstrated metastatic Carcinoma 1 year

Due to Squamous cell grade 4 Carcinoma of Cervix Uteri 1 1/2 yrs.

Due to _____
Other conditions None High
(Include pregnancy within 3 months of death)

Major findings:
Of operations None - Cervical lymphatic nodules Sept 11/47
Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature S. B. Hughes (M. D. or other) MD

Address Clinton, Mo. Date signed 11/2/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 70-48-1287
Date Filed 11-8-48

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.....

Eugene B. Conner....., Registered Apprentice No. 281
working under my personal supervision.

Signed R. R. Kenney
Licensed Embalmer No. 3099
P. O. Address Clinton Md

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.