

OCT 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

81538
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
(b) Township RAW Primary Registration District No. 1002 Registered No. 3636
(c) City KANSAS CITY (d) Street No. 3400 HOLMES St.
(e) Length of residence in city or town where death occurred 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MR. FREDERICK CHARLES ANDREWS
(a) Residence, No. 3400 HOLMES St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. CARRIE CURRIE ANDREWS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 2 - 1866
7. AGE YEARS 73 MONTHS 2 DAYS 14 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SALESMAN
9. Industry or business in which work was done, as saw mill, bank, etc. RYMAN MEAD PRINTING CO.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) QUINCY (STATE OR COUNTRY) ILLINOIS

13. NAME J. F. ANDREWS

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY)

15. MAIDEN NAME FRANCIS ANDREWS

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY)

17. INFORMANT MRS. CARRIE CURRIE ANDREWS (ADDRESS) 3400 HOLMES STREET

18. BURIAL, CREMATION, OR REMOVAL PLACE CENTRAL MATERNAL DATE SEPT-18-1939

19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMERS (ADDRESS) 1401 BRUSH CREEK BLYD

20. FILED Sept 18 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT-16-1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1939, to Sept. 16, 1939
I last saw him alive on Sept 15, 1939. Death is said to have occurred on the date stated above, at 7:20 P. m.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Date of onset Sept 8

Other contributory causes of importance:
Coronary Arteriosclerosis with 1939
myocardial degeneration
A. V. Bloc - 1939
hypertension Date of 1939
Name of operation clinical What test confirmed diagnosis? ECG Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) F. C. L. [Signature], M. D.
(Address) 624 1/2 S. 13th

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50 M-1-12-38 I X 1-0223

624 Professional Bldg

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address.....

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, above space should be left blank.