

Registration District No. Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community 30  
years, months or days)

3. (a) PRINT FULL NAME William Cecil Andrews 536  
3. (b) If veteran, name war no 3. (c) Social Security No. 486-05-0923

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 15 1909  
(Month) (Day) (Year)

8. AGE: Years 30 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation Apprentist Engineer

11. Industry or business Stationary

MOTHER FATHER  
12. Name Cecil N. Andrew  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary F. Self  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant C.N. Andrews  
(b) Address Parkville Mo.

17. (a) Burial (b) Date thereof Mar. 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster  
(b) Address 918 Brooklyn Kansas City Mo.

19. (a) 3-4-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo  
(If outside city or town limits write "RURAL")  
(d) Street No. 4326 Garfield  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3  
year 1940 hour 10:00 minute 14 A. M.

21. I hereby certify that I attended the deceased from Feb 28  
1940 to Mar 3 1940  
that I last saw him alive on Mar 3 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis

Due to Perforation of diverticuli of the Colon

Due to

Other conditions (Include pregnancy within 3 months of death) 128

Major findings: Of operations  
Of autopsy General peritonitis multiple abscess, perforated

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?

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

23. Signature J. J. Larson, M.D. (M. D. or other)  
Address 1237 Professional Bldg Date signed 3/4/40

Duration 5 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1232  
for Tanson  
Prof. 1232  
26 12 22  
12:40 4:00

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 me

, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Daniel E. Browning

Licensed Embalmer No. 2724

P. O. Address B. E. me

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.