

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11307

State File No. \_\_\_\_\_

APR 23 1940

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One Week  
In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2418 Wall Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. No years.

3. (a) PRINT FULL NAME William N. Andrews 5310

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Andrews 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased August 30 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>6</u>	<u>19</u>	hr. min.

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

10. Usual occupation Lawyer

11. Industry or business Law

12. Name William Andrews

18. Birthplace Maryetta Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Parmelia Crowder

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

16. (a) Informant's own signature Virginia Andrews

(b) Address 2418 Wall Street Joplin Mo

17. (a) Burial (b) Date thereof 3-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Ed A. Jones

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 3-20-40 (b) Ed A. Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19  
year 1940 hour one minute 40 a. m.

21. I hereby certify that I attended the deceased from Feb. 8  
1940 to March 19 1940  
and that death occurred on the date and hour stated above.  
that I last saw alive on March 18 1940

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary artery sclerosis

Due to Senescent arteriosclerosis

Due to arteriosclerosis of kidneys

Other conditions (Include pregnancy within 3 months of death) 1301

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

Of autopsy Some coronary sclerosis  
arteriosclerosis kidneys

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? 392 (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature J. M. Simms (M. D. or other) MD.

Address Joplin, Mo. Date signed 3-19-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

RECEIVED

District Health Officer No. 6,

District File Number 440-1051

Date Filed APR 10 1940

**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

*Robert J. Hurlbut*

Licensed Embalmer No.

*959*

P. O. Address

*Josephine Ave*

**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.