S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 34943

Registrar's No. 875

1. PLACE OF DEATH
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 712 North Grant (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield (If outside city or town limits, write "RURAL")
(d) Street No. 712 N Grant (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eula Mae Andrews
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jake Andrews
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May (Month) 10 (Day) 1899 (Year)
8. AGE: Years 42 Months 5 Days 21 If less than one day hr. min.
9. Birthplace Webster CO (City, town, or county) MO (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name John Morrison
FATHER 13. Birthplace States City (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name Rebecca Vanhouser
MOTHER 15. Birthplace Springfield (City, town, or county) MO (State or foreign country)
16. (a) Informant Jake Andrews
(b) Address 712 N Grant Springfield MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2. 41 (Month) (Day) (Year)
(c) Place: burial or cremation EastLawn
18. (a) Signature of funeral director Dunn Funeral Home
(b) Address Springfield MO
19. (a) 11-1-41 (Date received local registrar) (b) W. E. Hindley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 th year 1941 hour 8 minute 25 p M.
21. I hereby certify that I attended the deceased from 1937- 19 to 10/31 19 41; that I last saw h. alive on 10/31/41. 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer Uterus	
Due to: Peritoneum - Recurrent	
Due to: Post operative cancer (primary Uterus)	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: H&P	
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 A. E. Alder (M. D. or other)
Address Springfield, Mo Date signed 11/1/41

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1955

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 Lawrence Hall

Licensed Embalmer No. 2784

P. O. Address Springfield

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.