

FILED JUL 23 1942

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 192

1. PLACE OF DEATH:

(a) County CALLAWAY  
(b) City or town FULTON  
(c) Name of hospital or institution: 811 VINE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution LIFE  
In this community LIFE  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY  
(c) City or town FULTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 811 VINE  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME EDA. ANDRIS

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 Geo. ANDRIS 6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased APR. 16 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 3 If less than one day hr. min.

9. Birthplace CALLAWAY Co. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John BONARD  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name D.K.  
15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant DR. ERNEST SCHROEDERS  
(b) Address FULTON MO

17. (a) BURIAL (b) Date thereof 6/20/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILL CREST

18. (a) Signature of funeral director Wm. J. Mangan  
(b) Address 700 Court St. Fulton Mo

19. (a) 6-19-42 (b) Joan Mankoff  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th, year 1942 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1 20 A.M. 1942 to 2:25 A.M. 1942. that I last saw her alive on June 7 10th, 1942. and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No Autopsy.

Duration

2 hours

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?

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

23. Signature Greene D. ... Address Fulton Mo. June 19th, 1942

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

14

1147

**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.....

Licensed Embalmer No..... 2725

P. O. Address..... Fulton, Mo

**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.**