S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1723

Registration District No. 173 Primary Registration District No. 5708 Registrar's No.

1. PLACE OF DEATH:

(a) County Mc Donald

(b) City or town Rural Buffalo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Goodman Route I
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mc Donald 60

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Alvah Dawson Andre

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 Lillie Andre

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October 9 (Month) (Day) 1871 (Year)

8. AGE: Years 76 Months 3 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace New Bethlehem, P (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Farmen

11. Industry or business .....

FATHER
12. Name Levi Young Andre
13. Birthplace New Bethlehem (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Elmina Wasser
15. Birthplace New Bethlehem (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Lillie Andre

(b) Address Rt. I, Goodman

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 24 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Mildred, Kansas

18. (a) Signature of funeral director John B Papineau

(b) Address Goodman, Missouri

19. (a) 1/23/48 (Date received local registrar) (b) Mrs. Fred W. Smith (Registrar's signature) 179

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1948 hour 5 minute 12 A.M.

21. I hereby certify that I attended the deceased from 1-1- 1948, to Death, 19..;
that I last saw him alive on 1-20, 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Leukemia Leukemia	4 years
Uremia	4 days

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

4413

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 0

23. Signature G W Blankenship M.D. (M. D. or other)

Address Anderson Date signed 1-22-48

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1958

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Leadwood, 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.