S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16200

Registrar's No. 2142

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: 3027 Myrtle /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)

In this community: 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 3027 Myrtle 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Ada G. 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: Willard J. Andrews

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: May (Month) 28 (Day) 1904 ~~1905~~ (Year)

8. AGE: Years 43 ~~42~~ | Months 11 | Days 22 | If less than one day: hr. min.

9. Birthplace: Eldorado Springs, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At home

MOTHER'S FATHER

12. Name: J. G. Striekler /

13. Birthplace: ---- (City, town, or county) Ohio / (State or foreign country)

14. Maiden name: Ellen Holt

15. Birthplace: Cedar County, (City, town, or county) Missouri / (State or foreign country)

16. (a) Informant: Mr. W. J. Andrews

(b) Address: 3027 Myrtle, K. C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-23-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Taberville, Mo.

18. (a) Signature of funeral director: Mellody-McGilley-Eylar

(b) Address: Kansas City, Missouri

19. (a) 5-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Cert by Mellody 5-16-48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1948 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__; that I last saw h_____ alive on _____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Circulatory Failure, Acute — Duration

Due to: Suetic Arthritis

Due to:

Other conditions (Include pregnancy within 3 months of death): 30 d

Major findings:
Of operations: Deputy Coroner

Of autopsy: See Above

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: A. E. Upton (M.D. or other) MC

Address: 2800 Main Date signed: 5/21/48

(Licensed Embalmer's Statement on Reverse Side)

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. 2999

P. O. Address.....

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.

State of Missouri } ss.
County of Jackson

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 2142

On this 15th day of June, 1948, before me appears Willard J. Andrews, who, upon his oath, states that the original record of ~~birth~~ death for Ada G. Andrews, ~~born~~ died May 20, 1948, in the State of Missouri, and which was filed at Kansas City, Mo. on 5-22-1948, should be corrected as follows:

Item No. 7 should read May 28 1904
Instead of May 28, 1905

Item No. 8 should read 43 yrs 11 Mo. 22 days
Instead of 42 yrs 11 Mo. 22 days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Willard J Andrews
Relationship Husband

3027 Myrtle, K. C. Mo.
Present Address.

Subscribed and sworn to before me this 15th day of June, 1948.

My Commission expires Oct. 21. 1951

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

5-16200