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FILED JUL 6 1948
Registration District No. 133

Primary Registration District No. 5484

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Mc Fall Rural Butler Township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Seven years
years, months or days

3: (a) PRINT FULL NAME Katharine Andrews

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W - 2

6. (b) Name of husband or wife Hiram Andrews deceased

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

7. Birth date of deceased Jan 7 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Wath County MO
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Aaron Batt

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

14. Maiden name Cathron Nutt

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

16. (a) Informant Ralph Batt

(b) Address Mc Fall Mo

17. (a) Burial (b) Date thereof May 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Grove cemetery

18. (a) Signature of funeral director W. H. Noble

(b) Address New Hampton Mo

19. (a) June 3-48 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

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

(d) Street No. Seven mile NE of Mc Fall
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1948 hour 3 minute 5 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 Cerebral Hemorrhage

Due to High Blood pressure

Due to _____

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

Major findings: Of operations (S)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature Joe E. Wheeler (M. D. or other) _____

Address Barham mo Date signed 5/27

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed W D Noble

Licensed Embalmer No 2904

P. O. Address New Hampton 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.