

FILED AUG 26 1942

3-8-48 4383

Registrar's No. 27

Registration District No. 6

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Chambers mo.

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days 2 months 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 7/15

(c) City or town Chambers mo. ?

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME William C. Andtweiler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from 1942 to July May 1942

that I last saw him alive on July 14 July 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Dead

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

7. Birth date of deceased: Jan 11 1965

(Month) (Day) (Year)

Immediate cause of death _____

Due to Chronic myo Carditis

Due to 93d

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

77 6 10 7 hr. 30 min.

9. Birthplace Russellville, mo. Rural 11

(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name William C. Andtweiler

13. Birthplace Sherman, Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant William C. Andtweiler

(b) Address Centertown, Mo.

17. (a) Removed (b) Date thereof July 23, 1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Mo.

18. (a) Signature of funeral director Wm. T. Stocksick

(b) Address Chambers, Mo.

19. (a) July 21, 1942 (b) E. Sander

(Date received local registrar) (Registrar's signature)

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 Wm. J. McKelley (M. D. or other) _____

Address _____ Date signed July 21, 1942

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

7600

570

