

No. 2
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 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3663

State File No. _____

Registration District No. 336

Primary Registration District No. 6175

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Shannon
 (b) City or town Rural, Costa Jwp
 (If outside city or town limits, write "RURAL" and name of township)
 (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

3. (a) PRINT FULL NAME Nora V Bandy
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex ♀ / 5. Color or race A
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife John H Bandy 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 10 1897
 (Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Leslie MO 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Eng

11. Industry or business _____

MOTHER FATHER
 12. Name George A Bator
 13. Birthplace MO 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Summers Carrol
 15. Birthplace MO 0
 (City, town, or county) (State or foreign country)

16. (a) Informant John H Bandy
 (b) Address Summersville MO

17. (a) BURIAL (b) Date thereof 1-23-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summersville Cemetery

18. (a) Signature of funeral director Joe R. Duncan

(b) Address Mountain View Mo.

19. (a) 1-23-47 (b) Mabel Rose
 (Date received local registrar) (Registrar's signature) adg

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Shannon
 (c) City or town Rural Costa Jwp (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
 year 1947 hour 4 PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 1947, to Jan 20 1947
 that I last saw him alive on Dec 10 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis
 Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 94A
 Of autopsy _____
 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? _____ (c) Means of injury 0

23. Signature Frank Hyde (M. D. or other) _____

Address Quincy MO Date signed 1-20-47

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

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.....

Joe R. Duncan

Licensed Embalmer No. *4325*

P. O. Address *Wm View, 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.