

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

REG. 5-17-39  
I 118511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9731

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1165

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: K.C. General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 1 Day  
years, months or days)

8. (a) PRINT FULL NAME Bandy, Harry Milton, Jr.

8. (b) If veteran, No name war No 8. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased March 13, 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
-- -- 1 4 hr. -- min.

9. Birthplace Kansas City, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER  
12. Name Harry Bandy  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Edith May Williams  
15. Birthplace Mayview, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harry Bandy  
(b) Address 3009 E. 23rd St.

17. (a) Burial (b) Date thereof 3/15/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Ray Henderson  
(b) Address 15th Jackson St

19. (a) 3-14-40 (b) M.M. Grove  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3009 E. 23rd St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th  
year 1940 hour 4 minute 27 A.M. M.

21. I hereby certify that I attended the deceased from 3-13-40, 1940, to 3-14-40, 1940;  
that I last saw him alive on 3-14-40, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death CONGENITAL HEART BLOCK

Due to 1570

Due to

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.

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 E.F. De Marco, M.D. (M. D. or other)  
Address Supt. K.C. Gen. Hosp. K.C. Mo Date Typed 3-14-40

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**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.....

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, above space should be left blank.**