

No. 2
-10-39
-17-39
X21492

Registration District No. 903

Primary Registration District No. 4545

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grant
(b) City or town Grant City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years (Specify whether years, months or days) 5311

3. (a) PRINT FULL NAME EDITH C. TANDY

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 Widowed
6. (b) Name of husband or wife Ed. Berg Tandy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 18 1853
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Abingdon Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 4

11. Industry or business _____

MOTHER FATHER { 12. Name Almond Cune 9
Birthplace Abingdon (City, town, or county) (State or foreign country)
14. Maiden name Caroline W. Tandy
15. Birthplace Abingdon (City, town, or county) (State or foreign country)

16. (a) Informant Jesse Tandy
(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 4/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grant City, Mo.

18. (a) Signature of funeral director A. C. Dumble

(b) Address Grant City, Mo.

19. (a) Apr. 15, 1940 (b) C. W. McKern
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grant
(c) City or town Grant City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day _____ year 1940 minute _____ M.

21. I hereby certify that I attended the deceased from April 10, 1940, to April 13, 1940, that I last saw him alive on April 13, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Suppurative
Due to Dehydration
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 93 P
Of autopsy _____

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) Means of injury _____

23. Signature John A. ... M. D. or other _____
Address Grant City Date signed 4/13/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

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.