

No. 2
5-43
5-17-39
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FILED APR 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22545-A

Registration District No. 299

Primary Registration District No. 10027

Registrar's No.

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Reynolds
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds

(c) City or town Reynolds
(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 Lovinia Bando

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 married

6. (b) Name of husband or wife Earl Bando 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 12 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>8</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1941 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to June 20 1941
that I last saw her alive on June 18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Vertebral regurgitation Duration 20 days

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

10. Usual occupation HWY

11. Industry or business _____

MOTHER FATHER

12. Name Martin Frost

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

14. Maiden name unknown

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

16. (a) Informant Gas Bando
(b) Address Reynolds mo

17. (a) _____ (b) Date thereof 6-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gurnee Cemetery

18. (a) Signature of funeral director Liekel Funeral Director
(b) Address Reynolds mo

19. (a) Reynolds (b) E. M. [Signature]
(Date received local registrar) (Registrar's signature)

Due to _____

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. M. [Signature] (M. D. or other) MD
Address Reynolds Date signed 6/24/41

WRITE PLAINLY—USE UNFADING BLACK INK—FILING A 1948 INVENT RECORD

APR 12 1948

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, fact should be so stated above.