

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42324

State File No.

Registrar's No. 82.

JAN 16 1942

Registration District No. 461

Primary Registration District No. 3024

1. PLACE OF DEATH

(a) County Lafayette
(b) City or town Luxington, Mo.
(c) Name of hospital or institution: city
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Jefferson Bandon

3. (b) If veteran, name war. — 3. (c) Social Security No.

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Catron 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 28 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Banker

11. Industry or business

MOTHER FATHER { 12. Name Thomas Jefferson Bandon
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Juba Mathis
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Bandon
(b) Address Luxington, Mo.

17. (a) Burial (b) Date thereof 12-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Luxington, Mo.

18. (a) Signature of funeral director W. H. H.
(b) Address Luxington, Mo.

19. (a) Dec 11/41 (b) Delia B. B.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette
(c) City or town Luxington 3
(If outside city or town limits, write "RURAL")
(d) Street No. city 2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1941 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 40 to Oct 8, 1941
that I last saw him alive on Dec 8, 1941
and that death occurred on the date and hour stated above
Immediate cause of death Cerebral Thrombosis Duration

Due to Heart Block

Due to

Other conditions arterial sclerosis
(Include pregnancy within 3 months of death)

Major findings: —
Of operations. —
Of autopsy — 44a

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 0

23. Signature B. H. Brasher (M. D. or other)
Address Luxington, Mo. Date signed 1-2-42

(Licensed Embalmer's Statement on Reverse Side)

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

Brach

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-14-42

MAY 8 1945

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 Garrest J. Kempel

Licensed Embalmer No. 3275-

P. O. Address Luxington, 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.