

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41540

Registration District No. 274

Primary Registration District No. 305

Registrar's No. 430

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **911 S Ohio**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **46 Years**
(Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME **Laura Anna Lyon Bandy**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **William L Bandy** 6. (c) Age of husband or wife if alive **1862** years
7. Birth date of deceased **Nov. 22** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 **1** **6** hr. min.

9. Birthplace **Russellville Mo.** (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Ivy Nance**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Mary** **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Caleb L Bandy**
(b) Address **Kansas City Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 30, 1942** (Month) (Day) (Year)
(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia Mo.**

19. (a) **12/30/42** (Date received local registrar) (b) **Mrs Anna Berger** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**
(c) City or town **Sedalia** (If outside city or town limits, write "RURAL")
(d) Street No. **911 S Ohio** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28** year **1942** hour minute M.

21. I hereby certify that I **examined** the deceased from **Dec 28**, 1942, to **Dec 28**, 1942, that I last saw him alive on **Dec 28**, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death **was found dead on bed early in the morning Evidently from Coronary** Duration
Due to **embolism**

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature **W. J. Bishop coroner** (M. D. or other)

Address **Sedalia Mo** Date signed **12-30-42**

8064

1022

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-7-43

APR 30 1943

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

Robert H. Reed

Licensed Embalmer No.

3745

P. O. Address

Sedalia 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.