V. S. No. 2
DM—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 26 1943

Registration District No. 189

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6431

Primary Registration District No. 54-97 4211

Registrar's No. 71

1. PLACE OF DEATH:
(a) County: Harrison.
(b) City or town: Ridgeway. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Main street. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 41-7-22. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Harrison
(c) City or town: Ridgeway Mo (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: Mary Bandy.
3. (b) If veteran, name war: No.
3. (c) Social Security No.: No.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow.
6. (b) Name of husband or wife: Henery Bandy
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 4 - 27 - 61 (Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 22. If less than one day ..... hr. ..... min.

9. Birthplace: Ridgeway (City, town, or county) O (State or foreign country)
10. Usual occupation: House Keeper. own Home
11. Industry or business: " " " "
FATHER
12. Name: John Garrison.
13. Birthplace: Stark Co. (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name: Nancy Gardner
15. Birthplace: Stark Co. (City, town, or county) Ill. (State or foreign country)
16. (a) Informant: Lawrence Bandy
(b) Address: Blythdale Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Rose Hill Cemetery, Harrison
18. (a) Signature of funeral director: R.R. Boffeli
(b) Address: Ridgeway Mo.
19. (a) 12-21-42 (Date received local registrar) (b) Leo Brewer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19 year 1942 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12/12/1942 to 12/19/1942 that I last saw her alive on 12/19/1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	3 days
Due to: Cardiac Renal Desease	
Due to: Essential Hypertention	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 3/0	
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: D.J. Brothman (M.D. or other) D.O.
Address: Ridgeway, Mo. Date signed 12/19/42

1292

(Licensed Embalmer's Statement on Reverse Side)

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 RKBoggess

Licensed Embalmer No. 3576

P. O. Address Ridgeway 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.