V. S. No. 2
200M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25199

State File No.

Registration District No. 246 Primary Registration District No. 4330 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town East Prairie
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67 2 0

(c) City or town East Prairie, Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME No Name

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 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 26 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. 20 min.

9. Birthplace East Prairie (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name James E. Bandy
13. Birthplace Walcott (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Margaret S. Jones
15. Birthplace Jonesboro (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Margaret Bandy
(b) Address East Prairie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March (Month) 26 (Day) 1944 (Year)
(c) Place: burial or cremation W O W

18. (a) Signature of funeral director No Undertaker
(b) Address ~~[illegible]~~

19. (a) 6-10-44 (Date received local registrar) S. Bregman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26 year 1944 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature 7 Month	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

159

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 A. J. Martin (M. D. or other)
Address East Prairie Date signed 5/23-44

1271

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 844-104
Date Filed 8-4-44

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
Not embalmed, 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.