

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17297  
Do not use this space.

FILED MAY 17 1945

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 176  
(b) Township W. F. P. 11 Primary Registration District No. 4278  
(c) City Miller (d) Street No. Residence St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Samuel Louellen Bandy  
(a) Residence, No.                      St.                       
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Bandy  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-1866  
YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 7 26  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1945

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1945 to Feb 25, 1945  
I last saw him alive on Feb 24, 1945 Death is said to have occurred on the date stated above, at 9:40 p.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset  
Other contributory causes of importance:                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madford Co. Virginia

13. NAME Richard H. Bandy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary E. Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Nora Nicholson Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holt town DATE                     , 19                    

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Moineo-Union Miller Mo.

20. FILED 3-30-1945 Anna Whiting Local Registrar.

Name of operation                      Date of                       
What test confirmed diagnosis?                      Was there an autopsy?                     

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?                      Date of injury                     , 19                      
Where did injury occur?                      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                       
Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify                       
(Signed) L. J. Holmes, M. D.  
(Address) Miller Mo.

RECEIVED

District Health Officer No. 6,

District File Number

545-606

Date Filed

MAY 15 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

*E. R. Simon*

Licensed Embalmer No.

3297

P. O. Address

*Miller 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, above space should be left blank.**