

FILED MAR 13 1946
 Registration District No. 12

Primary Registration District No. 5049

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Rural - Hunter Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether)
 In this community Entire life
 years, months or days

3. (a) PRINT FULL NAME Leander Albert Bandy

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rachel Spencer Bandy 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased September 7 1880
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 0 21 hr. min.

9. Birthplace Barry County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming & Preaching

11. Industry or business Farmer

12. Name John Bandy
 13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Betterton
 15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joe L Phillips

(b) Address 12th & Park - Monett Mo

17. (a) Burial (b) Date thereof Oct 1 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdy Missouri

18. (a) Signature of funeral director Callaway's

(b) Address Monett Mo

19. (a) 1/16/46 (b) Mrs Gene Hudson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Hunter Township
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28
 year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 9-6 1945 to 9-28 1945
 that I last saw him alive on 9-28 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial Pneumonia
 Duration 24 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107
 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?

While at work? (Specify type of place) (c) Means of injury 60

23. Signature J D Baldern (M. D. or other)
 Address Purdy Mo Date signed 7-29-45

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

100563

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

J. D. Buchanan

Licensed Embalmer No.

3179

P. O. Address

Monett 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.