

**FILED** APR 12 1948

**STANDARD CERTIFICATE OF DEATH**

State File No. **9214**

Registration District No. **382**

Primary Registration District No. **5548**

Registrar's No. **22**

**1. PLACE OF DEATH:**

(a) County **Howard**  
(b) City or town **Rural** **Prairie**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **X**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **X**  
In this community **13 years**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Bessie Naomi Bandall**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **yes**  
6. (b) Name of husband or wife **G.W. Bandall** 6. (c) Age of husband or wife if alive **62** years  
7. Birth date of deceased **April 25 1886**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **10** Days **26** If less than one day hr. **0** min.

9. Birthplace **Hannibal** **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **X**

12. Name **Joseph Hotch Kiss**  
13. Birthplace **New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Naomi Dalton**  
15. Birthplace **Hannibal** **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard Bandall**  
(b) Address **Armstrong, Mo.**

17. (a) **Burial** (b) Date thereof **3/23/1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Ridge**

18. (a) Signature of funeral director **A. E. Oldaker**

(b) Address **Armstrong, Mo.**

19. (a) **2/25/46** (b) **Joe King**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Howard**  
(c) City or town **Armstrong** **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **X** (If rural, give location)  
(e) Citizen of foreign country? **X** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **21** year **1946** hour **6** minute **2** A.M.

21. I hereby certify that I attended the deceased from **4/26** 1946 to **March 21<sup>st</sup> 1946**  
that I last saw **her** alive on **March 17<sup>th</sup> 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral softening** Duration **7-1245**

Due to **Cerebral tumor of ganglioglioma** **7-1945**

Due to **830**

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation **Specified July 10-1945 for Invasive Brain Tumor**  
Of autopsy **830**

**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) (e) Means of injury

23. Signature **W. M. Harrison** (M. D. or other) **MD**  
Address **Armstrong, Mo.** Date signed **3-22-46**

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**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..... *A. H. Odaker* .....

Licensed Embalmer No. *1667*

P. O. Address *Quincy, 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.**