

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1946

Registration District No. 226

Primary Registration District No. 6136

State File No. 15399

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Summersville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Spring Valley Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether)
In this community 26 Years
years, months or days

3. (a) PRINT FULL NAME Mary Alice Bandy

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jan, 19th
6. (c) Age of husband or wife if alive 1869 years

7. Birth date of deceased Jan, 19th
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 20
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name John Sorrells
13. Birthplace Not Known
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant I.L. Bandy

(b) Address Summersville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11 46
(Month) (Day) (Year)

(c) Place: burial or cremation Summersville, Mo

18. (a) Signature of funeral director John L. Bandy

(b) Address Mountain View, Mo

19. (a) James (b) Wesley R. Bandy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon / 61
(c) City or town Summersville, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1946 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Feb 1 1946 to 4/9 1946
that I last saw her alive on March 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 2 mo
Due to Influenza
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) (e) Means of injury

23. Signature W.T. Eudy (M. D. or other)
Address Summersville, Mo Date signed

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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.