S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32455

Registration District No. 356 Primary Registration District No. 6208 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Ozark
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 10

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi S.E. of Yukon
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRANCIS POWELL BANDY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hulda

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept. (Month) 22 (Day) 1876 (Year)

8. AGE: Years 79 Months 10 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Martin Bandy
13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Letha Cox
15. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Mrs. Hulda Bandy
(b) Address Yukon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation Big Creek

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Houston, Mo.

19. (a) 7-30-46 (Date received local registrar) (b) Myrtie Craig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1946 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 4-16-40 19 to 7-23 1946 that I last saw him alive on 7-22 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocardial Degeneration	10 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations GBD
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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature Henry R. Rosy (M. D. or other) D.O.
Address Houston, Mo Date signed 7-25-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 946519
Date Filed 9-26-46

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houlton, Me

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.