

FILED FEB 25 1947

Registration District No. 114

Primary Registration District No. 486

Registrar's No. 116

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

640

1. PLACE OF DEATH:

(a) County FRANKLIN COUNTY

(b) City or town SULLIVAN MO.
(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 3 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN

(c) City or town SULLIVAN MO.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RODGER DALE BANDY

(b) If veteran, name war —

(c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day FEB
year 1947 hour 1 minute 35 A.M.

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: FEB 15 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from FEB 15, 1947, to FEB 19, 1947, that I last saw him — alive on FEB 18, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 3 If less than one day 12 hr. 20 min.

Immediate cause of death Intra uterine hemorrhage

Due to Hard Labor

Due to _____

9. Birthplace SULLIVAN MO. 0
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None Of autopsy None

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name ELZA M. BANDY 0

13. Birthplace LESLIE MO. (City, town, or county) (State or foreign country)

14. Maiden name OPAL RALLIFF

15. Birthplace BOURBON MO. 0
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant ELZA M. BANDY 19

(b) Address SULLIVAN MO.

17. (a) and (b) Date thereof FEB 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation GERTH CEMETERY
BOURBON MO.

18. (a) Signature of funeral director — (Specify type of place) (e) Means of injury 0

(b) Address —

19. (a) 2-19-47 (b) —
(Date received local registrar) (Registrar's signature)

23. Signature — (M. D. or other) _____
Address Sullivan MO Date signed 2/19/47

Date Filed 2/25/47

District File Number

District Health Officer No. 9,

RECEIVED

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.....

Paul A. Thantlin....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul A. Thantlin.....

Licensed Embalmer No. 3472.....

P. O. Address Cuba, 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.