S. No. 2
DM—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3722

Registration District No. 386 Primary Registration District No. 6209 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Texas

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107

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

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

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

If yes, name country

3. (a) PRINT FULL NAME SARAH SYRENA CASE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Case

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

7. Birth date of deceased Jan (Month) 13 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	11	24	hr. min.

9. Birthplace Phelps Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House wife

11. Industry or business

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

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

16. (a) Informant Otis Bandy
(b) Address Houston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation Allen

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

19. (a) Jan 14-48 (Date received local registrar) (b) Myrtie Craig (Registrar's signature)
30

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan. day 7
year 1948 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from 4-6, 1941, to 1-7-, 1948
that I last saw her alive on 1-7-48, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial Degeneration — Duration 1 year

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 935

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 1-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14861
Date Filed 1-29-48

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. X026

P. O. Address Houston, 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.