

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **42333**

National Office of Vital Statistics

FILED JAN 3 1949

Registration District No. **374**Primary Registration District No. **4347**Registrar's No. **43**

1. PLACE OF DEATH:

- (a) County **Worth**
- (b) City or town **Grant City**
(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 years**
years, months or days)3. (a) PRINT FULL NAME **William Henry Tandy**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 **single** 0
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased **March 9 1883**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	9	10	hr. min.

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

10. Usual occupation **Day laborer**

11. Industry or business

12. Name **Arch Tandy**
13. Birthplace **Grungy County, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Brady**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lou Cloos**
- (b) Address **Grant City, Mo.**
17. (a) **Burial** (b) Date thereof **12-21-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation **Grant City, Mo.**

18. (a) Signature of funeral director **John C. Duffee**
- (b) Address **Grant City, Mo.**
19. (a) **Dec 21-1948** (b) **John C. Duffee**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Worth** **113**
- (c) City or town **Grant City**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **19**
year **1948** hour **2** minute **45 P.M.**
21. I hereby certify that I attended the deceased from **Nov-12-48**
1947 to **Dec-18-48** 1948
that I last saw him alive on **Dec-18** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular disease - 244**

Due to ☒

Due to ☒

Other conditions (Include pregnancy within 3 months of death)

Major findings: **73**

Of operations:

Of autopsy **none**

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 ☒

23. Signature **J. H. Kase M.D.** (Physician, M.D., or other)

Address **Grant City, Mo.** Date signed **12/20/48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

DEC 30 1948

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 _____

Arch C. Duffee

Licensed Embalmer No. 3252

P. O. Address _____

Grant City, 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.