

FILED MAR 1 1940

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 145

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community Resident of St. Joseph 65 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. West Savannah Road, Route #2, Stop #9
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME Lydia Bandel

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 single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased February 21, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 17 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Own Home

MOTHER FATHER
12. Name Henry Bandel
18. Birthplace Wertenberg Germany
14. Maiden name Katherine Kienzle
15. Birthplace Wertenberg Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emma M. Bandel
(b) Address West Savannah Road, St. Joseph, Mo.

17. (a) burial (b) Date thereof Feb. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Feb 9, 1940 (b) W.D. Just
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1940 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Jan 25
1940 to Feb 8 19 40

that I last saw her alive on Feb 8 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Carcinoma of sigmoid
which caused obstruction

Other conditions 4 1/2
(Include pregnancy within 3 months of death)

Major findings: Cancer mass in sigmoid
Of operations none
Of autopsy none

Duration
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) no
(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 Walter Meierhoffer (M. D. or other) ✓
Address 701 Faraon, St. Joseph Date signed _____

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

11
5
7

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 W. H. Kelly

Licensed Embalmer No. 3946

P. O. Address St. Joseph, 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, above space should be left blank.