

No. 2
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1-17-39
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FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14855**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County. **Dallas**
(b) City or town. **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **8 1/2 hrs.**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **McDonald**
(c) City or town. **Anderson**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **24**
year **1941** hour **5** minute **40 A.M.**
21. I hereby certify that I attended the deceased from **April 23**, 1941, to **April 24**, 1941;
that I last saw him alive on **April 23**, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death. **Uremia**

3. (a) PRINT FULL NAME **Orin Allen Tandy**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Annelle Kincannon** 6. (c) Age of husband or wife if alive **XXX** years
7. Birth date of deceased **January 21 1976**
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **St. Clair County, Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Banker (Retired)**

11. Industry or business _____

MOTHER FATHER
12. Name **J. F. Tandy**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Oliver H. Tandy**
(b) Address **Joplin, Mo**

17. (a) **Burial** (b) Date thereof **4-25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Anderson, Mo**

18. (a) Signature of funeral director **M. W. Snow**
(b) Address **Anderson, Mo**

19. (a) **4-24-41** (b) **Ed J. Jerry**
(Date received local registrar) (Registrar's signature)

Due to **Chronic glomerulonephritis**
Due to _____
Other conditions (Include pregnancy within 3 months of death) **12/12**
Major findings: Of operations _____
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?
372 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature **G. Mitchell** M. D. or other _____
Address **Joplin Mo** Date signed **4-23-41**

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

41-5-461

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.....

M. D. Snow

Licensed Embalmer No. 4034

P. O. Address Anderson, 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.