DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28262

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 84

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 319 Cedar St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 83 yrs. 9 mo. 27 da.; years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Washington, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Walnut St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME LUCINDA BANDY (Bandy)
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 W. H. Bandy
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased October (Month) 26, (Day) 1857 (Year)

8. AGE: Years 83 Months 9 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Beaufort (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
MOTHER FATHER
12. Name Elis Parks
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
14. Maiden name Pauline Miller
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Ulrich Busch
(b) Address Washington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Niburg & Vitt Inc. by
(b) Address Washington, Mo. H. A. Vitt
19. (a) Aug. 25-1941 (Date received local registrar) (b) H. V. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1941 hour 8:15 minute P. M.
21. I hereby certify that I attended the deceased from 11-9-36, 19.., to 8-23-41, 19..; that I last saw her alive on 8 - 23-41, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Axilla and left lung.	5 Yrs 9½ Mon.
Due to Carcinoma	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Bernard Rose (M. D. ~~XXX~~)
Address Washington, Mo. Date signed 8/25/41

(Licensed Embalmer's Statement on Reverse Side)

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 me Lester H. Witt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.

No. 2B
-8-21-41
X29288

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1. PLACE OF DEATH:
(a) County: Franklin
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(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 319 Cedar St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 83 yrs 9 mo. 27da

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (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: Lucinda Bandy
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W.
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct (Month) 26 (Day) 185[illegible] (Year)
8. AGE: Years ..... Months ..... Days ..... If less than one day: hr. ..... min.
9. Birthplace ..... (City, town, or county) ..... (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)
16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1941 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of axilla left lung	
Due to: Carcinoma started on back of left hand	
Due to: spread to axilla, thence to the lung	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 5 yr
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 .....
23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY

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

Washington, Mo.