

FILED DEC 2 1943
Registration District No. 86

Primary Registration District No. 3003

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
407-3rd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 407 3rd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nannie S. 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. (c) Age of husband or wife if alive, years
James M. Bandy 6 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Price

13. Birthplace Tenn,
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Coward

15. Birthplace Tenn,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Morgan Dickey

(b) Address 407-3rd Street Monett Mo.

17. (a) Burial (b) Date thereof 11/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) Nov. 15, 1943 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1943 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 13 1939 to Nov. 12 1943
that I last saw her alive on Nov. 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis

Due to
Due to 97

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

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?

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

23. Signature Elizabeth Dickey (M. D. or other) MD
Address 1622 Laurel St Date signed 11/14/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1943-1309

Date Filed DEC 7 1943

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.....

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address.....

Aurora 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.