

Registration District No. 338

Primary Registration District No. 4201

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Gilman City, Mo
(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 _____
years, months or days 1 year.

3. (a) PRINT FULL NAME STELLA MAE BLAND
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 Married
6. (b) Name of husband or wife Frank Bland 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 25 1881
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 15 If less than one day 7 hr. 20 min.

9. Birthplace Varies by Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER { 12. Name Geo Washington McKenna
13. Birthplace Frankfort Kentucky
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Sarah Elizabeth Atwell
15. Birthplace Frankfort Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Bland

(b) Address Gilman City Mo

17. (a) _____ (b) Date thereof May 10 1941
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilman City Mo

18. (a) Signature of funeral director W. D. Haines

(b) Address Gilman City Mo

19. (a) July 9 1941 (b) Josephant
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison 041
(c) City or town Gilman City Mo 0
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1941 hour 7 minute 0 A.M.

21. I hereby certify that I attended the deceased from May 5 1941 to May 10 1941; that I last saw her alive on May 9 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage of liver about 15 min

Due to _____
Due to H. B. J.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 J. B. Johnson (M. D. or other) J.
Address Lawson Mo State signed 5-10-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100

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.....

W.D. Haines

....., Registered Apprentice No.....

working under my personal supervision.

Signed *W.D. Haines*

Licensed Embalmer No. *9122*

P. O. Address *Indianapolis 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.