

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 50

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Not in Hospital
821 Moulton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 64 Years /

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson ⁰⁵⁰
 (c) City or town DeSoto ²
(If outside city or town limits, write "RURAL")
 (d) Street No. 821 Moulton
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HULDA BLAND
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 19
 year 1941 hour 5 minute A M.

4. Sex Female ³ 5. Color or race Negro
 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 66 years
 7. Birth date of deceased July 16 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 5th, 1941, to July 19, 1941,
 that I last saw her alive on July 18, 1941,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 0 3 hr. min.

Immediate cause of death: Myocardial Acute Dilatation of Heart ¹²⁰
 Due to Myocardial Regurgitation ^{10 yrs}
 Due to Endocarditis ^{10 yrs}
 Other conditions arteriosclerosis ^{10 yrs}
(Include pregnancy within 3 months of death)

9. Birthplace Vineland Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

PHYSICIAN
 Major findings: 92P
 Of operations
 Of autopsy

11. Industry or business
 12. Name Ben Mithhell
 13. Birthplace Morse Mills Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Rachel McSpaddin
 15. Birthplace ? ?
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Centers
 (b) Address DeSoto - Mo.
 17. (a) Burial (b) Date thereof July 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation DeSoto, Mo. (City)
 18. (a) Signature of funeral director Lee Mothershead
 (b) Address DeSoto, Mo.
 19. (a) Aug 1, 1941 (b) Matthe Woods
(Date received local registrar) (Registrar's signature)

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 G. A. Elders (M. D. or other) MD
 Address DeSoto Mo Date signed 7/21/41

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

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed *John A. Ketchum*

Licensed Embalmer No. *3531*

P. O. Address *Des Moines*

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.