DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1941

Registration District No. 213

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25918

Primary Registration District No. 5942

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville Mo Cultural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski

(c) City or town Waynesville 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LETA MAE BLAND.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Irwin J Bland

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept (Month) 16 (Day) 1910 (Year)

8. AGE: Years 30 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Clyde (City, town, or county) 1 Kans (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Tony Corron
13. Birthplace Intner 1 Kans (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Summity
15. Birthplace Leonard Ville Kans 1 (City, town, or county) (State or foreign country)

16. (a) Informant Irwin J Bland

(b) Address Fort Wood Mo. C.K.

17. (a) Romoe (Burial, cremation, or removal) (b) Date thereof 8/2/41 (Month) (Day) (Year)

(c) Place: burial or cremation Junction City Kans

18. (a) Signature of funeral director R B Teeple

(b) Address Richland Mo

19. (a) 8/7/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1941 hour 6 minute A M.

21. I hereby certify that I attended the deceased from never, 19 to , 19 ; that I last saw h never , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries Left chest

Due to Crushed

Due to Auto accident

Other conditions (Include pregnancy within 3 months of death) No

Major findings:
Of operations 0
Of autopsy No

Duration

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) Accident auto

(b) Date of occurrence 7-31-1941

(c) Where did injury occur? Near Norwood Pulaski Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road (Specify type of place)

While at work? Traveling (e) Means of injury Collision

23. Signature C. Matthew Coroner (M. D. or other)

Address Crocker Mo Date signed 7-31-41

641 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
AUG 27 1941

File Number 841-31
Date Filed 8-15-41

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 R B Jeffers

Licensed Embalmer No. 3198

P. O. Address Richland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25918

Registration District No. 713 Primary Registration District No. 5942 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville 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)

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 Leta M Bland

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 M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 16, 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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 July day 3
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries left chest

Due to Crushed

Due to auto accident Auto collision with truck on highway

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

17 Dec 6
22

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 C. Mallette Carson (M. D. or other)

Address Crocker Mo Date signed 10-21-41