No. 2
1-4-41
17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27685

Registration District No. 14 Primary Registration District No. 4530 Registrar's No. 36

1. PLACE OF DEATH:

(a) County AUDRAIN
(b) City or town VANDALIA (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 years, months or days)
In this community ENTIRE LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN
(c) City or town VANDALIA MISSOURI (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME EMMA JANE 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 WIDOWED
6. (b) Name of husband or wife STEVE BLAND
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased SEPTEMBER (Month) 25 (Day) 1863 (Year)

8. AGE: Years 77 Months 11 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace PIKE COUNTY (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation HOUSEKEEPER
11. Industry or business .....

FATHER
12. Name SAM MAIDEN
13. Birthplace PIKE COUNTY (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name JANE ALLISON
15. Birthplace PIKE COUNTY (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant MRS. EARNEST LEWELLEN
(b) Address VANDALIA MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG (Month) 31 (Day) 1941 (Year)
(c) Place: burial or cremation VANDALIA CEMETERY
18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia Missouri
19. (a) 8/30/41 (Date received local registrar) (b) R. Lee Alford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1941 hour 3 minute A M.

21. I hereby certify that I attended the deceased from April 25, 1941, to Aug 30, 1941; that I last saw her alive on Aug 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to .....

Due to .....

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.

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 0

23. Signature W. W. Bland (M.D. or other)
Address Vandalia Mo Date signed 8/30/41

(Licensed Embalmer's Statement on Reverse Side)

4
2
1
830
988

RECEIVED
District Health Officer No. 10
District File Number 9-41-1697
Date Filed SEP 18 1941

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 Ivan B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.