

7. S. No. 2
M-9-4-41
5-17-39
PI X29484

7024

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 10 1943

Registration District No. 2043

Primary Registration District No. 4329

Registrar's No. 11

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town WYATT
(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 40 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

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

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

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

If yes, name country NONE

3. (a) PRINT FULL NAME WILLIAM LOUIS BLAND

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MINNIE BLAND 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased MAY 5TH 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 8 23 hr. min.

9. Birthplace BRECKIN RIDGE COUNTY, KY
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARMING

12. Name JOHN RILEY BLAND

13. Birthplace STATE OF INDIANA
(City, town, or county) (State or foreign country)

14. Maiden name EMILY DUPAN

15. Birthplace HARDIN COUNTY, KY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS MINNIE BLAND

(b) Address WYATT, MO

17. (a) BURIAL (b) Date thereof 1-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 100F - CHARLESTON, MO

18. (a) Signature of funeral director John F. ...

(b) Address CHARLESTON, MO

19. (a) 2/1/43 (b) L. S. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 28TH
year 1943 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from 1934 to Jan 28 1943
that I last saw him alive on Jan 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Chr. Intest. Neph. several years

Due to 131a

Other conditions Ac. Bronchitis
(Include pregnancy within 3 months of death)

Major findings: Secondary Anemia
Of operations 4 transfusion to
Of autopsy no anail

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?

(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 L. Charles ... (M. D. or other)
Address Charleston, Mo Date signed 2/1/43

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

MOTHER FATHER

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 843-331

Date Filed 8-8-48

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

John F. Munnick Jr

Licensed Embalmer No.

3851

P. O. Address

Charleston, 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.