

80M-9-1938
I X(6605

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED OCT 15 1943 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31938
Do not use this space.

1. PLACE OF DEATH
(a) County Knox Registration District No. 169
(b) Township Myrtle Primary Registration District No. 5622
(c) City 1 (d) Street No. 3 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 60 yrs. mos. da. (If of foreign birth? yrs. mos. da.)
2. PRINT FULL NAME Mariah Catharine Bland
(a) Residence, No. Knox Co St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF John Bland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1849
7. AGE YEARS 94 MONTHS 4 DAYS 23 IF LESS than 1 day, ... hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Ky. 1
FATHER 13. NAME Fulden McDaniel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1
MOTHER 15. MAIDEN NAME Nancy McCalure
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1
17. INFORMANT Sillie Nesbitt (ADDRESS) Knox City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Colony DATE July 22 1943
19. FUNERAL DIRECTOR (NAME) Leggett & Walter (ADDRESS) Knox City Mo
20. FILED Oct 9 1943 Rich Northcutt Local Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1943
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to July 21, 1943
I last saw her alive on July 20, 1943. Death is said to have occurred on the date stated above, at 2:30 am.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Date of onset
Other contributory causes of importance: organic heart lesion
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Royal M. Reynolds, M. D.
(Address) Knox City Mo

RECEIVED

District Health Officer No. 10

District File Number 10-13-1718

Date Filed OCT 14 1943

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 Fred J. Jolley

Licensed Embalmer No. 684

P. O. Address 1011 E. 7th

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.