

No. 2
8-43
17-39
X37823

FILED MAY 25 1944

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3027 Garfield /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MURL LESLIE BLAND

3. (b) If veteran, name war no

3. (c) Social Security No. 494 I2 0586

4. Sex Male

5. Color or race wh

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

6. (b) Name of husband or wife Mrs Ethel Bland

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept 19th 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 28 hr. 5 min.

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

10. Usual occupation Retired Painter

11. Industry or business _____

MOTHER FATHER { 12. Name Wesley Bland

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Ethel Bland

(b) Address 3027 Garfield

17. (a) Burial (b) Date thereof May 17th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 5-17-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3027 Garfield
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Apr 30 - 1944 to May 14 - 1944 and that death occurred on the date and hour stated above.

that I last saw him alive on May 14 - 1944

Immediate cause of death hobar pneumonia

Due to _____

Due to _____

Other conditions Myocarditis Arterial hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Arzi Adkins (M.D. or other) Do
Address 423 Lee Bldg Date signed May 5-9-44

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

Dr A.M. Adkins
Lee Bg Ha2224

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.....

Licensed Embalmer No.....

P. O. Address.....

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.