

No. 2  
A-5-43  
5-17-39  
I X36671

State File No.

FILED 43  
OCT 21 1946

Registration District No.

Primary Registration District No. 3007

Registrar's No. 3358

1. PLACE OF DEATH:

(a) County BUTLER  
(b) City or town POPLAR BLUFF  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
POPLAR BLUFF HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 HOURS  
(Specify whether)  
In this community 49 YRS.  
years, months or days)

3. (a) PRINT FULL NAME MINNIE ELIZABETH 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 MARRIED

6. (b) Name of husband or wife RICHARD BLAND 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased APRIL 24 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 5 16 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name R. O. McDANIEL

13. Birthplace UNKNOWN  
(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 Richard Bland

(b) Address RD #1 Ellington Mo

17. (a) Removal (b) Date thereof Oct 11-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Hollow Cem.

18. (a) Signature of funeral director W. L. Phelps

(b) Address Poplar Bluff Mo

19. (a) 10-17-46 (b) R. H. Munster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SHANNON 101  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 15 MINE OF WINONA MO  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11  
year 1946 hour 1 minute 35 A. M.

21. I hereby certify that I attended the deceased from Oct 10 1946 to Oct 11 1946  
that I last saw her alive on Oct 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis  
Diabetes Mellitus  
Due to

Duration

8 hrs

Due to

Other conditions:  
(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 Gordon Olsenick M.D. (M. D. or other)  
Address Poplar Bluff Mo Date signed 11 Oct 46

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

RECEIVED

District Health Office No. 2,

District File Number 10.46-1238

Date Filed 10-15-46

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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 N. T. Phillips

Licensed Embalmer No. 3231

P. O. Address Paplan Bluff 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.**