

No. 2
-5-43
5-17-39
I X38671

FILED DEC 12, 1946
Registration District No. 144

Primary Registration District No. 4234

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: H. Mary's 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 1 day years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Madison 62

(c) City or town Rural (Carter Township) 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

3. (a) PRINT FULL NAME ERNEST-CHEO-BLAND

3. (b) If veteran, name war L

3. (c) Social Security No. 486-14-3943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1946 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from 11-27, 1946, to 11-28, 1946

that I last saw him alive on 11-28, 1946 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife LYNN ELGONR BLAND

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Nov 7 7
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to Acute Endocarditis

Due to Unknown

Other conditions Cholelithiasis Acute
(Include pregnancy within 3 months of death)

8. AGE: Years 41 Months — Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Walnut Ridge Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation trucking

11. Industry or business _____

12. Name Lycourgue Bland

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

14. Maiden name Belle Harrison

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

16. (a) Informant J. H. Christ
(b) Address Fredericktown mo

17. (a) Rural (b) Date thereof Nov 30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Cemetery Fredericktown mo

18. (a) Signature of funeral director W. H. Hact
(b) Address Fredericktown mo

19. (a) 12-2-46 (b) Madison Jones
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: None

Of operations None

Of autopsy None 127A

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 Madison Jones (M. D. or other) MD

Address Fredericktown mo Date signed 12-2-46

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

MOTHER FATHER

Health Officer No. 4
District File Number 1246-2964
Date Filed 12-11-46

DEC 12 1946

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 H. Holt
Licensed Embalmer No. 4264
P. O. Address Fredericktown, Md.

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.