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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40896

FILED DEC 22 1948

Registration District No. 2408

Primary Registration District No. 4369

Registrar's No. 24

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Seneca
(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 ..... (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Seneca
(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 —

3. (a) PRINT FULL NAME George Bland
3. (b) If veteran, name war World War I
3. (c) Social Security No. .....

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Div 3
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased November 23 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	0	17	hr. min.

9. Birthplace Neosho, Rte 2 Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Watchman
11. Industry or business .....

FATHER
12. Name Alexander Bland
13. Birthplace Neosho, Rte 2 Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Slemp
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Rogers
(b) Address Seneca, Mo.
17. (a) Burial (b) Date thereof 12-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cem.
18. (a) Signature of funeral director W E Biddlecome
(b) Address Seneca Mo
19. (a) Dec. 13, '48 (b) Phyllis Brite 417
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 10
year 1948 hour About 7:30 minute P. M.
21. I hereby certify that I attended the deceased from .....
..... 19..., to ....., 19.....;
that I last saw him dead on Dec 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cause of death unknown
Probable organic heart disease
Due to Natural Causes
Due to had been dead several hours when found
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

95

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? 3
(Specify type of place)
While at work? (e) Means of injury .....
23. Signature Corley Thompson Coroner
(M. D. or other)
Address Neosho Mo Date signed 12/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Co Health Unit

District File Number 1248-434

Date Filed 12-20-48

DEC 31 1948

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 W E Biddlecome

Licensed Embalmer No. 2154

P. O. Address Seneca 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.