

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

43341

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4512 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>TANEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRANSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Forsyth, Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>rural Forsyth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Memorial Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Wahlace</u> c. (Last) <u>DANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 14, 1885</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u>	IF UNDER 24 HOURS Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Phumnce</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	11. BIRTHPLACE (State or foreign country) <u>CONN.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Horace E. Blann</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie E. Harrison</u>	14. NAME OF HUSBAND OR WIFE <u>Mr William Blann</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr William E. Blann</u> ADDRESS <u>Forsyth Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> ANTECEDENT CAUSES <u>Don't know</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED - WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>11/12</u> , 19 <u>50</u> , to <u>11/26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11/24</u> , 19 <u>50</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harry T. Evans M.D.</u> (Degree or title)		23b. ADDRESS <u>Branson, Mo</u>	23c. DATE SIGNED <u>11/28/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 28-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brank Memorial Center Branson, Mo</u>	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. <u>Nov 9-1950</u>	REGISTRAR'S SIGNATURE <u>J E Cogswell</u>	576	25. FUNERAL DIRECTOR'S SIGNATURE <u>W Stubb</u> ADDRESS <u>Forsyth, Mo</u>

1060

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED DEC 11 1950

Dist. File 1250-2459

Date Filed 12-13-50

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Fairfax, 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.