

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18041
Do not use this space.

REC'D JUN 17 1938

1. PLACE OF DEATH

(a) County CLAY Registration District No. 201
 (b) Township LIBERTY Primary Registration District No. 5280
 (c) City LIBERTY (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME RALIGH BLAND 453

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILLIESANDUSKY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/13/1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) CLAY CO. MO (STATE OR COUNTRY)

FATHER 13. NAME JAMES A. BLAND

14. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME JULIA SANDUSKY

16. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) MRS. EVA CARTWRIGHT
LIBERTY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE LIBERTY, Mo. DATE 6/4/1938

19. FUNERAL DIRECTOR (ADDRESS) HEssel-CARDER
LIBERTY, MO.

20. FILED 6/9 1938 E T Brant
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 2 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Coroner 29, 19____. Death is said to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows:

General Arterio Sclerosis Date of onset _____

Other contributory causes of importance: 97

Name of operation X Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) M. P. Myerson Coroner, M. D.

183 (Address) Liberty, Clay County MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state every detail of morbid condition be carefully supplied.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)