DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38533

DEC 11 1939

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4297

1. PLACE OF DEATH:

(a) County Jackson 1

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

(c) Name of hospital or institution: St. Joseph.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 1 yr. 1 mo. 13 da.

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2039 College.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Richard Lee Bland.

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race wh.

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Sept (Month) 27. (Day) 1938. (Year)

8. AGE: Years 1 Months 1 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace K. C. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Roger Lee Bland.
13. Birthplace Lillington (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary H. Sarner
15. Birthplace K. C. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Roger Lee Bland
(b) Address 2039 College

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11-39. (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Eglar Funeral Home
(b) Address K. C. Mo.

19. (a) Nov 11, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10 year 1939 hour 3:00 minute a. M.

21. I hereby certify that I attended the deceased from Nov 6, 1939, to Nov 10, 1939 that I last saw him alive on Nov 10, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral bronchopneumonia	4 days
Due to Streptococci	
Due to None	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Bronchopneumonia

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) No
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert C. Swisher (M. D. or other)
Address 838 Argyle Bldg Date signed 11/[illegible]

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address.....

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, above space should be left blank.