

FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33318
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 839
(b) Township R. 1 Primary Registration District No. 6101
(c) City Rural (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

Richard Lee Bland
(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 <u>M.</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 11 1940</u>			
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>5</u>	<u>14</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>		
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Rural Stoddard Co. Mo.</u>		
FATHER	13. NAME <u>Ernest Bland</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>		
MOTHER	15. MAIDEN NAME <u>Alma Heaston</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT <u>Ernest Bland</u> (ADDRESS) <u>Essex Mo. R. 1</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sikeston, Mo.</u> DATE <u>9/26/40</u> 19 <u>40</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>George A. Schaefer</u> <u>Sikeston Mo.</u>			
20. FILED _____ 19 _____ Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Sept. 18</u> 19 <u>40</u>
22. I HEREBY CERTIFY, that I attended deceased from <u>Sept. 18</u> to <u>Sept 25</u> , 19 <u>40</u> I last saw him alive on <u>Sept 18</u> , 19 <u>40</u> Death is said to have occurred on the date stated above, at <u>11 A</u> m. The principal cause of death and related causes of importance were as follows: <u>Bacillary dysentery</u> Date of onset <u>1 week</u>	
Other contributory causes of importance: <u>12 P</u>	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?
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? If so, specify _____ (Signed) <u>George Schaefer</u> , M. D. Address <u>1024 W. Water, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

X16625

RECEIVED

District Health Officer No

District File Number 1040-15

Date Filed 10/10/40

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.....

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33318**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **839**

Primary Registration District No. **6101**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Stoddard**

(b) City or town **Richland T. P.**
(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 _____ (Specify whether _____)

years, months or days

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

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **@**

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

6. (b) Name of husband or wife _____

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

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

8. AGE: Years _____ Months **5** Days **14** If less than one day _____ min.

9. Birthplace **Rural Stoddard Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER, FATHER { 12. Name **Ernest Bland**

13. Birthplace **Miss**
(City, town, or county) (State or foreign country)

14. Maiden name **Alma Heaston**

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

16. (a) Informant **Ernest Bland**

(b) Address **Essex mo Rt 2**

17. (a) _____ (b) Date thereof **9-26-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lixeston Mo**

18. (a) Signature of funeral director **John Albuton**

(b) Address **Lixeston Mo**

19. (a) **2-13-41** (b) **J.P. Brandon**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County _____

(c) City or town **Essex, R 2**
(If outside city or town limits write "RURAL")

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

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

20. DATE OF DEATH: Month **9** day **28** year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 18, 1940** to **Sept 18, 1940** that I asgaw him alive on **Sept 18, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Bacillary Dysentery**

Duration _____

Due to _____

Due to **B**

Other conditions **12**
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 **Geo J. Schaefer** (M. D. or other) _____

Address **Berter mo** Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

