

92 FILED JAN 17 1941

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

43026

Do not use this space.

1. PLACE OF DEATH

(a) County Safayette Registration District No. 461
 (b) Township Saxtons Primary Registration District No. 3625
 (c) City _____ (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.

Registered No. _____

2. PRINT FULL NAME

Claude 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. miner
 9. Industry or business in which work was done, as saw mill, bank, etc. Coal mine
 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) Hartsville Kentucky13. NAME Wesley Bland14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 815. MAIDEN NAME Ida, ?16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luxington MO17. INFORMANT, County record at
(ADDRESS) Code farm18. BURIAL, CREMATION, OR REMOVAL
PLACE Luxington DATE 11/20 194019. FUNERAL DIRECTOR (NAME) Winkler
(ADDRESS) Luxington, MO20. FILED Dec 16 1940 Delia Bates
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 194022. I HEREBY CERTIFY, That I attended deceased from Nov 1 1940 to Nov 18 1940I last saw him alive on Nov 18 1940 Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset
Bronchial Asthma
Arterio sclerosis
myo 11-18-40

Other contributory causes of importance:

coronary occlusion 11-18-40

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) Dr. Johnson M. D.(Address) Code farm

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

9000-5-19-38 I X 16605

RECEIVED
District Health Officer No. 8,
District File Number
~~174-07-1~~
Date Filed

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 Garrett J. Kempel
Licensed Embalmer No. 3275
P. O. Address Lyngton, Va

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 DEATHState File No. 43026Registration District No. 461Primary Registration District No. 5625

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Lafayette
 (b) City or town Lexington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lafayette County Farm
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days)3. (a) PRINT FULL NAME Claude Blanch

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 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 Days If less than one day
58 6 7 _____ hr. _____ min.9. Birthplace _____
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
 (City, town, or county) (State or foreign country)14. Maiden name _____
 (City, town, or county) (State or foreign country)15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Dec 16-40 (b) Nelia Bates
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Lafayette
 (c) City or town Lexington Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. R. 7th
 (If rural, give location)
 (e) Citizen of foreign country _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
 year _____ hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____
 (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 A. J. Douglas (M. D. or other) _____Address Lexington Mo Date signed _____

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

SUPPLEMENTARY

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

S-43026