DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2459

Registration District No. 61 Primary Registration District No. 5237 Registrar's No. 1

1. PLACE OF DEATH:

(a) County CEDAR

(b) City or town RURAL (CEDAR TOWNSHIP)
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR 20 0

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. CEDAR TOWNSHIP
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME IRA BLAND

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife JENNIE BLAND

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

7. Birth date of deceased MAY (Month) 11 (Day) 1871 (Year)

8. AGE: Years 72 Months 7 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name GEORGE BLAND
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name TRESSA DOUGLAS
15. Birthplace (City, town, or county) TENN 1 (State or foreign country)

16. (a) Informant J. J. Bland
(b) Address Coplinger Mills Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Love

18. (a) Signature of funeral director Gwinn-Siders
(b) Address El Dorado Springs Mo

19. (a) 1-3/44 (Date received local registrar) (b) L. T. Dunaway (Registrar's signature)

1646

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1944 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Jan 4th 1936, to Jan 1 1943 that I last saw him alive on Dec 20 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chron. Myo-Carditis	8
Due to: Malaria	40
Rheumatism	10
Due to: & many other conditions	
Other conditions: Tobacco &c (Include pregnancy within 3 months of death)	60
Own cooking	

Major findings:
Of operations
Of autopsy 93d

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)

(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 0

Signature L. T. Dunaway (M. D. or other)

Address El Dorado Spgs Mo Date signed 1-3-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-44-166
Date Filed 2-10-44

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 compl the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.