

FILED MAR 28 1950

State File No.

Registration District No. 11Primary Registration District No. 4527Registrar's No. 12

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Bronaugh
 (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 50 years
 years, months or days)

3. (a) PRINT FULL NAME LUCY PEARL CELAND

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Jerry Celand (Deceased) 6. (c) Age of husband or wife if alive, years 1977
 7. Birth date of deceased June 21 1977
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Robert Arnold

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

14. Maiden name Haney McDowell

15. Birthplace Danville Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant Man E. Williams

(b) Address Arcadia, Kansas

17. (a) Burial (b) Date thereof 3 19 1950
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milo Cemetery

18. (a) Signature of funeral director H.T. Woreben

(b) Address Arcadia, Kansas

19. (a) Mar 22 1950 (b) Mrs. Ruth Faith
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
 (c) City or town Bronaugh
 (If outside city or town limits, write "RURAL")
 (d) Street No. 138 D
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
 year 1950 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Apr. 22 1949 to Mar. 14 1950
 that I last saw her alive on Mar. 14 1950
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 days

Due to Essential Hypertension 3 yrs.

Due to Arteriosclerotic Heart Disease & Cerebral Sclerosis 10 yrs

Other conditions Senility and Cardio-Renal Pathology

Major findings: Of operations H&M

Of autopsy H&M 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 ✓

23. Signature M. H. Knelland (M. D. or other) DO.

Address Liberal, Mo. Date signed 3-18-50

MAR 31 1950

RECEIVED
District Health Officer No. 7,
District File Number 2-50-273
Date Filed 3-27-50

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 my self
....., Registered Apprentice No.....
working under my personal supervision.

Signed N. J. Moorehan

Licensed Embalmer No. 3616

P. O. Address Aradisa, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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