

Registration District No. <u>17</u>		ARKANSAS STATE BOARD OF HEALTH Bureau of Vital Statistics		'64 001793	
Primary Registration District No. _____		CERTIFICATE OF DEATH			
1. PLACE OF DEATH a. COUNTY <u>Craighead</u>		2. USUAL RESIDENCE (Where deceased lived, if institutions Res. before adm.) a. STATE <u>Arkansas</u> b. COUNTY <u>Craighead</u>			
b. CITY, TOWN, OR LOCATION <u>Jonesboro, Ark.</u>		c. Length of Stay in 1b <u>1 day</u>			
d. NAME OF HOSPITAL OR INSTITUTION <u>St. Bernard's Hospital</u>		e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank R. McLand</u>		4. DATE OF DEATH Month Day Year <u>2 27 64</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-17-1891</u>	9. AGE (In yrs. last birthday) <u>72</u>	10. Kind of Business or Industry <u>Farmer</u>
11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Bill Hogland</u>		14. MOTHER'S MAIDEN NAME <u>Clara Shadwick</u>			
15. Was Deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. Social Security No. <u>482-26-5738</u>		17. INFORMANT <u>James P. Miller Jr.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ca. 7 stomach wick metastases</u> Conditions, if any which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>151X</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part I(a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (See nature of injury in Part I or Part II of Item 18.) _____			
20c. TIME OF INJURY Hour a.m. p.m. _____		20d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>9/23/63</u> to <u>2/25/64</u> and last saw him alive on <u>2/25/64</u> Death occurred at <u>6:50 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Signature or title) <u>Al Modelovsky</u>		22b. ADDRESS <u>M. D. Jonesboro Ark</u>		22c. DATE SIGNED <u>2-27-64</u>	
23a. Burial, Cremation, Removal (Specify) <u>Burial</u>		23b. DATE <u>2-27-1964</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Near Walcott, Ark</u>		24. FUNERAL DIRECTOR <u>Farmers Union F. Home, Jonesboro, Ark.</u>			
25. DATE RECD. BY LOCAL REG. <u>3-2-64</u>		26. REGISTRAR'S SIGNATURE <u>Shirley L. Smith</u>			