

DE. PART OF COMMERCE  
1. BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19337

Registration District No. 370

Primary Registration District No. 6258

Registrar's No.

1. PLACE OF DEATH:

(a) County Wayne  
(b) City or town Hivay 67 N. of Greenville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. John's Hospital  
(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

3. (a) PRINT FULL NAME Alford Horace Bland

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 7. Birth date of deceased Dec. 27, 1895 (Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Russell, Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation unknown

11. Industry or business

12. Name John Franklin Bland  
13. Birthplace Philadelphia Pennsylvania (City, town, or county) (State or foreign country)  
14. Maiden name Lollie Etta Wright  
15. Birthplace Mobile Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Birth Certificate

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director Greer Croy Funeral Serv.

(b) Address 442 Vine Street, Poplar Bluff, Mo.

19. (a) 4-22-43 (b) Lucy Bennett (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County Wayne  
(c) City or town Detroit (If outside city or town limits, write "RURAL")  
(d) Street No. 515 Dubois Street (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1943 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death Pulmonary embolism

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

none

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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature J. S. Marshall acting Coroner (M.D. or other)  
Address Greenville Mo Date signed 4-22-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 643-2259  
Date Filed 6-5-43

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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.....

L.V. Adamson, Registered Apprentice No. 349,  
working under my personal supervision.

Signed 

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, Mo.

**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, fact should be so stated above.**