

Registration District No. **178**

Primary Registration District No. **4291**

Registrar's No. **61**

**1. PLACE OF DEATH:**

(a) County **Lewis**  
(b) City or town **Canton** ~~Canton~~  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Entire life**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Lewis** **56**  
(c) City or town **Canton** **1**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **1001 White** **0**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Josephus H. Bland**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ruby M. Marchand** 6. (c) Age of husband or wife if alive **81** years  
7. Birth date of deceased **November 27, 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**82 7 5** hr. min.

9. Birthplace **Lewis County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Banker**

**11. Industry or business**

MOTHER FATHER { 12. Name **Josephus H. Bland**  
13. Birthplace **Lewis Co. Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Catherine Duncan**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ruby M. Bland**  
(b) Address **Canton, Mo.**

17. (a) **Burial** (b) Date thereof **July 5, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Canton, Mo.**

18. (a) Signature of funeral director **P. W. Jennings**

(b) Address **Canton, Mo.**

19. (a) **7-6-46** (b) **P. W. Jennings**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **2**  
year **1946** hour **1** minute **0** P. M.

21. I hereby certify that I attended the deceased from **June 4** 1946, to **July 2** 1946  
that I last saw him alive on **July 2** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular disease of heart**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Fractured femur**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **56**

(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 **P. W. Jennings** (M. D. or other) \_\_\_\_\_

Address **Canton Mo.** Date signed **7/6/46**

DEC 22 1945

NOV 29 1950

NOV 1 1949

NOV 25 1955

NOV 6 1946

RECEIVED

District Health Officer No. 10

District File Number 7-46-138

Date Filed JUL 15 1946

JUL 30 1946

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.

Signature *Earl H. Buckley*

Licensed Embalmer No. 2615

P. O. Address *Canton, Ma*

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

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



24170

NOV 6 1948