

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED OCT 24 1946 STANDARD CERTIFICATE OF DEATH**

33217  
State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 113 Primary Registration District No. 5430

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Robertsville (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town Robertsville (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harrison Jimmy Bland  
3. (b) If veteran, name war None  
3. (c) Social Security 498-12-1423

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 15 year 1946 hour 11 minute 8 P.M.  
21. I hereby certify that I attended the deceased from 9-2-46 to 10-15-46, 1946  
that I last saw him alive on 10-2-46 and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Julia Bland  
6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased 7-22-1898  
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis  
Due to \_\_\_\_\_ years -  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Q3D

8. AGE: Years 58 Months 2 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Washington County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Harland Bland  
13. Birthplace Mineral Point MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Fleming  
15. Birthplace Mineral Point MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Bland  
(b) Address Robertsville MO

17. (a) Funeral (b) Date thereof 10-19-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robertsville MO

18. (a) Signature of funeral director W. E. Talbot

(b) Address St. Clair MO

19. (a) 10-19-1946 (b) G. T. Worthington  
(Date received local registrar) (Registrar's signature)

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 place of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. E. Talbot (M. D. or other) \_\_\_\_\_  
Address St. Clair MO Date signed 10/16

PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

33042

RECEIVED -  
District Health Officer No. 9,  
District File Number  
Date Filed 10-23-76

*Handwritten notes and signatures, including "District Health Officer No. 9" and "Date Filed 10-23-76".*

**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 comply with the above constitutes grounds for revocation of license.)**  
If this body is not embalmed, fact should be so stated above.