. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42451

FILED JAN 5 1948

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 254

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural, near Catron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community about 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural (near Catron)
(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 S. A. Bland
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M2
5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Johnnie B. Bland
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased March (Month) 27 (Day) 1917 (Year)

8. AGE: Years 30 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Everdell (City, town, or county) Ark (State or foreign country)
10. Usual occupation Farm Labor
11. Industry or business
FATHER
12. Name unk
13. Birthplace unk (City, town, or county) unk (State or foreign country)
MOTHER
14. Maiden name unk
15. Birthplace unk (City, town, or county) unk (State or foreign country)
16. (a) Informant Johnnie B. Bland
(b) Address Lilbourn, R.1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18-47 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Richard Funeral Service
(b) Address New Madrid Mo.
19. (a) 12-23-47 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1947 hour 4:30 minute p. M.
21. I hereby certify that I attended the deceased from ✓ 19 to ✓ 19;
that I last saw h alive on ✓ 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Shot with gun in back and on Left side of face
Due to
Due to Coroner Jury recommend Clarence Parham be held in jale
Other conditions without bale for shooting S. A. Bland
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Dec 14-1947
(c) Where did injury occur? New Madrid (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Shot
23. Signature Leo Hedgepeth (M. D. or other) Coroner
Address New Madrid Mo Date signed 12/15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-33
Date Filed 1-5-48

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 Allen C McJordan, Registered Apprentice No. 512, working under my personal supervision.

Signed L. L. Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.