

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 18 1948
Registration District No. 28

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33807
Registrar's No. 2342

Primary Registration District No. 6033

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

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Gatewood, Mo.
(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 15 years
years, months or days

3. (a) PRINT FULL NAME David Sylvester Bland
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Edith Bland 6. (c) Age of husband or wife if alive 19
7. Birth date of deceased Nov. 1917
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 14 If less than one day hr. _____ /min. _____

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

10. Usual occupation Farmhand

11. Industry or business _____

12. Name Joseph Bland
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Edith Bland
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant David E. Bland
(b) Address Gatewood, Mo.

17. (a) Burial (b) Date thereof 10-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

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

(b) Address Paris, Mo.

19. (a) 10-6-48 (b) E. H. Johnston
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 3
year 1948 hour 12 noon minute _____ M.
21. I hereby certify that I attended the deceased from 15 February 1948 to 3 October 1948
that I last saw him alive on 25 August 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Obstruction Duration 2 weeks
Due to Carcinoma of head of pancreas with extension to surrounding structures
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 4. 12
Of autopsy _____
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) (c) Means of injury _____

23. Signature W. E. Edwards (M. D. _____)
Address Doniphan, Mo. Date signed 5 Oct 48

RECEIVED 10-15-48
District Health Officer No. 5,
District File Number 1048651
Data Filed 10-15-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Velma Johnson
Licensed Embalmer No. 4271
P. O. Address Doniphan, 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.