NOV 9 - 1938

REC'D DEC 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40333
Do not use this space.

1. PLACE OF DEATH
(a) County Orleans 3 Registration District No. 784
(b) Township | Primary Registration District No. 200 Registered No. 1828
(c) City Manchester, Mo. (d) Street No. Manchester Nursing Home. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Helen Bennett McNair.
(a) Residence, No. 7733 Forsythe Blvd. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John G. McNair.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1868.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manislee, Mich.

FATHER
13. NAME Joseph W. Bennett.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan.

MOTHER
15. MAIDEN NAME Hattie C. Davison.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Mildred M. Meek. 7733 Forsythe Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 10, 1938.

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED NOV 9 - 1938 19 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938 to Nov 9, 1938
I last saw h. en alive on Nov 8, 1938 Death is said to have occurred on the date stated above, at 4:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-27-38
Bronchopneumonia	11-5-38
Arteriosclerosis	5-10-38 +

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) [illegible] Campbell, M. D.
(Address) 1128 So. Hamilton

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell A

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

If this body is not embalmed, above space should be left blank.