

WALIE FLAINLI—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG 14 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24380  
Registrar's No. 2990

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home of Lutherans  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 2 days in hospital or institution  
Non-Resident (Specify whether)  
In this community \_\_\_\_\_  
years, months or days Edgar C. Bair

3. (a) PRINT FULL NAME BAIR, EDGAR C.

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bair 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug 20 1867  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Conrad Bair 9

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Conry

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. C. Bair

(b) Address Poplar St. N.R. 6

17. (a) Paula (b) Date thereof 7-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fortana Kansas

18. (a) Signature of funeral director J. J. Mebler

(b) Address Paula Kansas

19. (a) July 28, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami  
(c) City or town Fortana Kansas  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1940 hour \_\_\_\_\_ minute 7:30 AM

21. I hereby certify that I attended the deceased from 7-27-40  
\_\_\_\_\_ 19 \_\_\_\_\_ to 7-25 19 \_\_\_\_\_  
that I last saw him alive on 7/25/40  
and that death occurred on the date and hour stated above.

Immediate cause of death General Teri- Duration \_\_\_\_\_  
toritis  
Due to Cause not deter-  
mined 95%

Other conditions Coronary Sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Myocarditis  
Of operations \_\_\_\_\_

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? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature John Quire (M. D. or other) \_\_\_\_\_  
Address 730 Prof Bldg Date signed 7/27/40

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**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, above space should be left blank.**