

FILED AUG 16 1940  
Registration District No. 1236

Primary Registration District No. 5397

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

1. PLACE OF DEATH:

(a) County... **Knox**  
(b) City or town... **Rural Colony** (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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Lewis**  
(c) City or town... **Rural** (If outside city or town limits, write "RURAL")  
(d) Street No... **Colony Twp. Knox Co.** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME... **Prasley Nevel Blair 460**  
3. (b) If veteran, name war... **none** 3. (c) Social Security No... **none**

4. Sex... **Male** 5. Color or race... **White** 6. (a) Single, widowed, married, divorced... **widowed**  
6. (b) Name of husband or wife... **Elizsia May Sullivan** 6. (c) Age of husband or wife if alive... \_\_\_\_\_ years  
7. Birth date of deceased... **January 18th 1859** (Month) (Day) (Year)

8. AGE: Years **81** Months **5** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace... **Rural Lewis Co. Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation... **Farmer**

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

MOTHER FATHER { 12. Name... **J. Rowland Blair**  
13. Birthplace... **not known** (City, town, or county) (State or foreign country)  
14. Maiden name... **Martha E. VanVactor**  
15. Birthplace... **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant... **Shirley Mackey**

(b) Address... **11237 Centennial Dr. Parkville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof... **July 11, 1940** (Month) (Day) (Year)

(c) Place: burial or cremation... **Elm Grove, Cmty LaBelle Mo. 395**

18. (a) Signature of funeral director... **Roman D. Coker**

(b) Address... **LaBelle, Missouri**

19. (a) **July 11 1940** (Date received local registrar) (b) **Mr. C. M. Smith** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5** year **1940** hour **11** minute **20** M.

21. I hereby certify that I attended the deceased from **July 2**, 1940 to **July 5**, 1940 that I last saw him alive on **July 5** and that death occurred on the date and hour stated above.

Immediate cause of death... **Basal carcinoma of left Ear**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions... **52** (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature... **J. R. Northart** (M. D. or other)

Address... **Rural City Mo** Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 10

District File Number 8-40-1536

Date Filed AUG 8 1940

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.....

Norman D. Coder

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Norman D. Coder

Licensed Embalmer No.

3721

P. O. Address

LaBelle 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, above space should be left blank.