

Registration District No. **731**

Primary Registration District No. **4436**

Registrar's No. **5**

**1. PLACE OF DEATH:**  
 (a) County Randolph County  
 (b) City or town Clifton Hill  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 10 yr years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Randolph  
 (c) City or town Clifton Hill  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** JEFFERSON BLAIR  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 7 day 24 year 1941 hour 11 minute 20 M.  
 21. I hereby certify that I attended the deceased from 7/11 1941 to 7/23 1941; that I last saw him alive on 7/23 1941; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married  
 6. (b) Name of husband or wife Ollie 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased May 18 1961  
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 14 hr

**8. AGE:** Years 80 Months 0 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Other conditions (include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation Lumberman

11. Industry or business Timber yard

12. Name Henry Blair

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

14. Maiden name Susan C. Nick

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

16. (a) Informant Mrs Ollie Blair

(b) Address Clifton Hill 220

17. (a) Burial (b) Date thereof May 25 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill

18. (a) Signature of funeral director Tom B. Patton

(b) Address Monticello 220

19. (a) June 22 1941 (b) J. Broadaker  
 (Date received local registrar) (Registrar's signature)

**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? 65A

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

23. Signature J. E. Alexander (M. D. or other) 1

Address Clifton Hill 220 Date signed 7/23/41

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

008

1 (1941)  
A 1500

RECEIVED

District Health Officer No. 10

District File Number 7-41-1342

Date Filed JUL 16 1941

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... Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.