

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24448

State File No.

Registration District No. 53

Primary Registration District No. 3006

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rich 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 39 years (Specify whether years, months or days)
In this community 39 years

3. (a) PRINT FULL NAME Martha R Bair

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George W Bair 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased Feb 20 1861 (Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Devi Jones
13. Birthplace Penn. 1 (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth McCallister
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Evans

(b) Address WEBB CITY, MO.

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

(c) Place: burial or cremation Green lawn

18. (a) Signature of funeral director Pond & Reasly

(b) Address Rich Hill Mo.

19. (a) July 16, 1941 (b) Charles J. Allen (Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rich Hill (If outside city or town limits, write "RURAL")
(d) Street No. 219 Pine (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1941 hour 12 minute 30 AM/PM

21. I hereby certify that I attended the deceased from June 14 1941 to June 14 1941, that I last saw him alive on June 14 and that death occurred on the date and hour stated above.

Immediate cause of death James J. Anderson
Due to heart
Due to

Other conditions 57.6
(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 James J. Anderson (M. D. or other) Address Rich Hill Mo Date signed 7/16/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1270

Date Filed 8-8-41

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Johnston Reawley

Licensed Embalmer No. 2730

P. O. Address

Rich Hill 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.