

DEC 31 1941 798

Registration District No.

Primary Registration District No. 6041

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Maple Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Salt Fork Jcy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 1 month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Maple Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Monroe Blair

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

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

6. (b) Name of husband or wife Wm. T Blair 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 6 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 0 hr. min.

9. Birthplace Saline Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad

11. Industry or business

12. Name John Bayden Blair

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

14. Maiden name Elizabeth Small

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

16. (a) Informant Joe Davis

(b) Address Maple Mo.

17. (a) Rural (b) Date thereof Aug 8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Chapel Cem

18. (a) Signature of funeral director Campbell

(b) Address Maple Mo.

19. (a) Dec 26, 1941 (b) E. O. Churchill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1 1941 to Aug 6 1941
that I last saw Blair alive on Aug 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma Duration 7

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

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

23. Signature Robert W. ... (M. D. or other) 0
Address Marshall Mo. Date signed 8/8/41

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

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 *Jan H. Rouse*
Licensed Embalmer No. *1171*
P. O. Address *Marquette MI*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43114
Registrar's No.

Registration District No. 798

Primary Registration District No. 6041

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Napton
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ years, months or days)

3. (a) PRINT FULL NAME James M. Lewis

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

4. Sex M 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased May 6 (Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day _____ Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Carcinoma
Due to I don't know

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations H&E
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 [Signature] (M. D. or other) _____
Address Paris Hall Mo Date signed _____

S-43114