

1. PLACE OF DEATH

(a) County Saline  
(b) City or town Rural, Blackwater  
(c) Name of hospital or institution: Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 64 yrs.  
In this community 64 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Saline  
(c) City or town Rural  
(d) Street No. Marshall R.F.D. #1  
(e) Citizen of foreign country? no.  
If yes, name country.....

3. (a) PRINT FULL NAME Edwin Bedford Blair

3. (b) If veteran,  name war.....  
3. (c) Social Security No. 495-07-6287

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife house Blair  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Oct. 14 1977  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>17</u>	hr. min.

9. Birthplace Harrison Co. Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Heller Chemical Co.

12. Name John Blair  
13. Birthplace Ky. 1  
14. Maiden name Nancy Garrard  
15. Birthplace Ky. 1

16. (a) Informant Mrs E. P. Blair

(b) Address Marshall Route #1

17. (a) Burial (b) Date thereof May 3, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pidge Park Cem. Marshall Mo.

18. (a) Signature of funeral director Campbell - Lewis

(b) Address Marshall Mo.

19. (a) May 3 1942 (b) Mrs. W. E. Shackelford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
23 1942 year 1942 hour 8 A.M. minute..... M.  
21. I hereby certify that I attended the deceased from April 23  
1942 to May 1 1942  
that I last saw him alive on April 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction with circulatory failure  
Due to.....  
Due to.....

Other conditions (include pregnancy within 3 months of death)  
93d

Major findings: Of operations.....  
Of autopsy.....

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?.....  
(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 W. P. ... (M. D. or D. O.)  
Address Marshall, Mo. Date signed 5-2-1942

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

97  
8  
0

4 p

1250

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-11-42

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

*R. W. Campbell*

Licensed Embalmer No.

*3469*

P. O. Address

*Marshall, 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.