

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38266

State File No.

FILED DEC 11 1942

Registration District No. 527

Primary Registration District No. 4495

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Shelby Co.
(b) City or town Bethel Mo.
(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 X (Specify whether)
In this community 55 Years
years, months or days

3. (a) PRINT FULL NAME Sarah Matilda Bair

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William W. Bair 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased 6-13-1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Oregon U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business X

12. Name Benjamin Marquette
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)
14. Maiden name Sabina Erich
15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Bair

(b) Address Bethel Mo.

17. (a) Burial (b) Date thereof 11-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hebron Cemetery

18. (a) Signature of funeral director William S. Barkeley

(b) Address Shelby Mo.

19. (a) Deary 40 (b) Madge Good
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1942 hour 2 minute 2 A.M.

21. I hereby certify that I attended the deceased from November 25,
19 42 to Nov. 26th 19 42
that I last saw h. av. alive on Nov. 26th 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arterial sclerosis

Due to 1

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) No
(b) Date of occurrence No
(c) Where did injury occur? No
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury No

23. Signature J. A. Furr (M. D. or other) m.p.
Address Shelby Mo. Date signed 12-1-42

RECEIVED

District Health Officer No. 10

District File Number 12-42-4029

Date Filed Dec-12-1942

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.....

E. W. Hawkins

Licensed Embalmer No. 3498

P. O. Address.....

Shelburne Md

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: