S. No. 2
M—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2778

State File No.

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 4

59

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
402 Ninth St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Chillicothe 2
(If outside city or town limits, write "RURAL")
(d) Street No. 402 Ninth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Elizabeth Blair
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 Marge W Blair
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Mar (Month) 19 (Day) 1861 (Year)

8. AGE: Years 82 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Toronto (City, town, or county) Canada (State or foreign country)
10. Usual occupation At Home
11. Industry or business —
MOTHER FATHER
12. Name Bernard McMannis
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Jane McMannis
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Jennie McCoy
(b) Address Chillicothe, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic
18. (a) Signature of funeral director James D Gordon
(b) Address Chillicothe Mo
19. (a) January 12 (Date received local registrar) (b) 1943 Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th year 1943 hour 10 minute — a.m.

21. I hereby certify that I attended the deceased from Jan 10, 1943, to Jan 10, 1943 that I last saw him alive on Jan 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Heart decompensation	1 hour
Due to chronic myocarditis	?
Due to Influenza	1 week
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? (Specify type of place)
While at work (e) Means of injury

23. Signature P J Brennan M.D. (M. D. or other)
Address Chillicothe, Mo Date signed 1/12/43

45 3 (Licensed Embalmer's Statement on Reverse Side)

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 James D Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe M

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.