

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

39013

FILED DEC 15 1943 14

Registration District No. 14

Primary Registration District No. 4459

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Clair
 (b) City or town Osceola
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 28 Days
 (Specify whether
 In this community years, months or days) ←

3. (a) PRINT
 FULL NAME

EMMA JANE BAIR

3. (b) If veteran,
 name war No

3. (c) Social Security
 No. 70

4. Sex 2

5. Color or
 race W

6. (a) Single, widowed, married.
divorced m

6. (b) Name of husband or wife
W.S. Bair

6. (c) Age of husband or wife if
 alive 83 years

7. Birth date of deceased 11
 (Month)

25
 (Day)

1865
 (Year)

8. AGE:

Years

Months

Days

If less than one day

77

11

19

hr. min.

9. Birthplace

(City, town, or county)

Ind. 1
 (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

William Woods

Wentworth

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

14. Maiden name Salitha Holmes

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

16. (a) Informant William O. Woods

(b) Address Osceola Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-43
 (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Mo

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola Mo

19. (a) 11-8-43 (Date received local registrar) (b) J. B. Headrick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair
 (c) City or town Osceola
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (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 6
 year 1943 hour 10 minute 154 M.

21. I hereby certify that I attended the deceased from 10-28, 1943 to 11-6, 1943
 that I last saw him alive on 11-6, 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death

chronic myocarditis with
decompensation

Duration

Due to

Hypertension

Due to

arteriosclerosis

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 T. H. Dangler, Jr. (M. D. or other) MD

Address Osceola, Mo. Date signed 11-8-43

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

RECEIVED

District Health Officer No. 7,

District File Number

11-43-1372

Date Filed

12-14-43

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

Paul J. Frustone

Licensed Embalmer No.

3990

P. O. Address

Oscola, 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.