DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14471

Registration District No. 7

Primary Registration District No. 3016

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Cole County

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

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three Weeks (Specify whether
In this community Three Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

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

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Freda Yvonne Blair

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December 11, 1943
(Month) (Day) (Year)

8. AGE: Years | Months 4 | Days 1 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Benjamin F. Blair
13. Birthplace Davis County, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Oma Grace Riden
15. Birthplace Phelps County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. B. F. Riden
(b) Address 707 Arkansas St., Rolla Mo.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Beulah Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th St., Rolla Mo.,

19. (a) 4-17-44 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1944 hour 3 minute 05 P M.

21. I hereby certify that I attended the deceased from Mar. 22, 1944, to April 12, 1944
that I last saw her alive on Apr 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia c̄ Pleural effusion

Due to Post-operative

Due to Operated Mar 22-1944 for intussusception

Other conditions of bowel which had been present 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations Intussusception
Of autopsy Pneumonia c̄ effusion

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) 122 F2

(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 J. A. Ossman (M. D. or other) MD

Address Jeff City Mo Date signed Apr 15 44

894

(Licensed Embalmer's Statement on Reverse Side)

PERMANENT USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-6-44

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 me, Registered Apprentice No. working under my personal supervision.

Signed [illegible]
Licensed Embalmer No. 3394
P. O. Address Rolla, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.