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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18064**

FILED JUN 8 1944  
Registration District No. **28**

Primary Registration District No. **2000**

Registrar's No. **442**

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

1. PLACE OF DEATH:  
(a) County **GREENE**  
(b) City or town **SPRINGFIELD**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**ST. JOHN'S HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **HARRY LEE LAIR**  
3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **493-14-1391**

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **JOAN LAIR**  
6. (c) Age of husband or wife if alive **23** years  
7. Birth date of deceased **FEB. 26, 1916**  
(Month) (Day) (Year)

8. AGE: Years **28** Months **2** Days **27** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **GREENE CO. MO. U**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARMING**

12. Name **WM. MARION LAIR**

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

14. Maiden name **FANNIE TUISE**

15. Birthplace **KNOX CO. MO. U**  
(City, town, or county) (State or foreign country)

16. (a) Informant **JOAN J. LAIR**  
(b) Address **(R.F.D. #2) STRAFFORD MO.**

17. (a) **BURIAL** (b) Date thereof **May 25-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem Springfield Mo.**

18. (a) Signature of funeral director **Springfield MO.**

(b) Address \_\_\_\_\_

19. (a) **5-25-44** (b) **W. H. Haudley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO.** (b) County **GREENE 39**  
(c) City or town **STRAFFORD**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. # 2**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAY** day **23**  
year **1944** hour **2** minute **50 A.M.**  
21. I hereby certify that I attended the deceased from **3 P.M.**  
**5-22**, 19**44** to **3 A.M. 5-23**, 19**44**;  
that I last saw h.i.m. alive on **5-22**; 19**44**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia**  
Duration \_\_\_\_\_

Due to **generalized Peritonitis from a perforated intestine (ileum)**  
Due to **a blow on the abdomen which occurred 5-20-44**

Other conditions **1200**  
(Include pregnancy within 3 months of death)

Major findings: **Perforated ileum with General peritonitis**  
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) **accident**

(b) Date of occurrence **5-20-44**

(c) Where did injury occur? **Strafford Greene Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**About home on farm struck in abdomen by Pulley.**  
While at work? **yes** (Specify type of place) (e) Means \_\_\_\_\_

23. Signature **W. C. Ferrell** (M. D. or other) \_\_\_\_\_  
Address **Springfield Mo.** Date signed **5-23-44**

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Agb. Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

**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.**