

S. No. 2
M-2-43
7-5-17-39
P-I X35697

37875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 7 1944

Primary Registration District No. 4771

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Mound City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Mound City. 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location) NO.

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John Lockwood Blair.

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-14-771

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1944 hour 2 minute 20 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Minnie I. Blair.

6. (c) Age of husband or wife if alive 63 years 1872.

7. Birth date of deceased: Oct. 31 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 3
1944 to Nov 23 1944
that I last saw him alive on Nov 23 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 0 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Cattlesburgh, Ky.
(City, town, or county) (State or foreign country)

Immediate cause of death: Congestive Heart Failure

Due to Chronic Parenchymatous Nephritis

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Blair.

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

14. Maiden name Martha Thatcher.

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

Major findings: 1218

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Minnie Blair

(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof 11/27/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director Hot Crawford

(b) Address Mound City, Mo.

19. (a) 11-27-44 (b) Pauline Swason
(Date received local registrar) (Registrar's signature)

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 injury) (e) Means of injury _____

23. Signature F. E. Hoyer (M. D. or other) _____
Address Mound City, MO Date signed 11-23-44

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

410

1188

DEC 11 1944

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

W. C. Crawford

Licensed Embalmer No. *1824*

P. O. Address

Marion City, 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.