

FILED NOV 28 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 905

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:  
1141 Blaine St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1141 Blaine St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Harriet Lee Lair

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February 13, 1945  
(Month) (Day) (Year)

8. AGE: Years 0 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business Infant

12. Name Harry Lee Lair  
13. Birthplace Springfield Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Joan Wren

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

16. (a) Informant Harry Lee Lair

(b) Address 1141 Blaine, Springfield, Mo.

17. (a) Burial (b) Date thereof 11-5-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J.W. Klingner & Co.  
(b) Address Springfield Missouri

19. (a) 11-5-45 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4  
year 1945 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from Nov 2 1945 to Nov 4 1945  
that I last saw h.c. alive on Nov 3 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria  
Duration 3 Days

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy 10

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)  
(b) Means of injury 0  
23. Signature Wm. J. [unclear] (M. D. or other) MD.  
Address Springfield, Mo. Date signed 11-5-45

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

39  
2  
6

**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 Roy A. Quinn  
Licensed Embalmer No. 1763  
P. O. Address Springfield, 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.**

X