. No. 2
M—2-43
5-17-39
I X35697

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

22413

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Chaffee (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)

(d) Length of stay: In hospital or institution (Specify whether

In this community 1 month. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Chaffee / (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Sherry Fanette Blair

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced ✓ 11

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Nov. (Month) 14 (Day) 1945 (Year)

8. AGE: Years 0 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Mo (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Frank L Blair
13. Birthplace Charkton (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Gladys Chapman.
15. Birthplace Allenville (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Gladys Blair

(b) Address Chaffee, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 46 (Month) (Day) (Year)

(c) Place: burial or cremation Illmo, Mo

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

(b) Address Chaffee, Mo

19. (a) 6/24/46 (Date received local registrar) (b) G B McCready (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from June 18 1946 to June 21 1945 that I last saw her alive on June 18 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchi Pneumonia	
Bronchi Pneumonia	
Due to Pertussis	2 wks
Pertussis	
Due to	
Other conditions Malnutrition (Include pregnancy within 3 months of death) Malnutrition	

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? 11 (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address Chaffee Mo Date signed 6-21

598 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 746-175
Date Filed 7-3-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

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

working under my personal supervision.

Signed Monnie Bupenghoff

Licensed Embalmer No. ~~Cho~~ 3242

P. O. Address Chaffee 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.