

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3, 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20062

Registration District No. 1

Primary Registration District No. 3003

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: 208 1/2 Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community over 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 208 1/2 Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Frank Blair

3. (b) If veteran, name was Spanish-American

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1947 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 1
2 1947, to June 17 1947.

that I last saw him alive on June 17 1947; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Amy Dowell Blair

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

7. Birth date of deceased: July 20 1873
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions Chronic alcoholism
(Include pregnancy within 3 months of death)

Major findings: myocarditis

Of operations none

Of autopsy not done

8. AGE: Years 73 Months 10 Days 27
If less than one day _____ hr. _____ min.

9. Birthplace Leburne Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Conductor

11. Industry or business FRISCO R.R.

12. Name Wm. F Blair

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

14. Maiden name Mary Taylor

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

16. (a) Informant Mrs. Police Rainey

(b) Address 1227 Summit St. Tulsa Okla

17. (a) Cremation (b) Date thereof June 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wucomer-Ross City Mo.

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo.

19. (a) 6-19-47 (b) W.M. West
(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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Robert O. Kelley (M. D. or other) MD
Address Monett Mo. Date signed June 19 1947

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

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 647-686

Date Filed JUN 30 1947

SEP 15 1947

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 C. D. Buchanan

Licensed Embalmer No. 3149

P. O. Address Monett 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.