

FILED SEP 16 1947

Registration District No. **3357**

Primary Registration District No. **4495**

Registrar's No. **89**

1. PLACE OF DEATH:

(a) County **Shelby**  
(b) City or town **Bethel**  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

**Harry Cresswell Bair**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** Color or race **W**

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

6. (b) Name of husband or wife **Bertha Bair**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **OCT 15 1875**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **decalator**

11. Industry or business

12. Name **Samuel Bair**

13. Birthplace **Bethel Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Goodin**

15. Birthplace **not known not known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Bertha Bair**

(b) Address **Bethel Mo.**

17. (a) **burial** (b) Date thereof **Aug 24-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hebron Cemetery**

18. (a) Signature of funeral director **Geo. Musgrove**

(b) Address **Bethel Mo.**

19. (a) **9-12-47** (b) **Ruth Janner**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby**  
(c) City or town **Bethel**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **22** year **1947** hour **3:50** minute **A.M.**

21. I hereby certify that I attended the deceased from **Feb. 22 1947** to **Aug. 21 1947**

that I last saw him alive on **Aug. 21 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of prostate gland** Duration **1 yr.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature **Howard H. Burton** (M. D. or other) **L.O.**

Address **Bethel Mo.** Date signed **Aug. 25 1947**

RECEIVED  
District Health Officer No. 10  
District File Number 9-47-1231  
Date Filed 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.....

Licensed Embalmer No. 2219

P. O. Address Bethel, 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.