

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21838**

FILED JUL 10 1948  
Registration District No. **523**

Primary Registration District No. **6089**

Registrar's No. **70**

**1. PLACE OF DEATH:**  
(a) County Saline Mo.  
(b) City or town Rural Church Hill Township  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Saline 97  
(c) City or town Rural  
(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 \_\_\_\_\_

**3. (a) PRINT FULL NAME** Frank Flair  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 16<sup>th</sup>  
year 1948 hour 2 minute P M.  
**21. I hereby certify that I attended the deceased from**  
2-18 1948 to June 16 1948  
that I last saw him alive on June 16 1948  
and that death occurred on the day and hour stated above.

**4. Sex** male **5. Color or race** W.  
**6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** Laura Flair  
**6. (c) Age of husband or wife if** 65 years  
**7. Birth date of deceased** March 7 1874  
(Month) (Day) (Year)

Immediate cause of death Cardiovascular renal disease **Duration** 2 years

**8. AGE:** Years 74 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 1310  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**9. Birthplace** Belleville Illinois  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Farmer

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

**11. Industry or business** \_\_\_\_\_  
**12. Name** Herman Flair **4**  
**13. Birthplace** H Germany  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Margothy Bodenstat  
**15. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Laura Flair  
**(b) Address** Blackburn MO  
**17. (a) Burial** **(b) Date thereof** 6-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Blackburn City Cemetery  
**18. (a) Signature of funeral director** G. H. Meunshagen  
**(b) Address** Higginsville MO  
**19. (a) Date** 6/28/48 **(b) S. D. Kelly Andrew**  
(Date of 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** Geo A. Telling (M. D. or other)  
**Address** Waverly MO **Date signed** 6-18-48

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-9-78

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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 F. Wiegans

Licensed Embalmer No. 2883

P. O. Address Hogansville

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**