

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14759

BIRTH NO.		REG. DIST. NO. 6	PRIMARY REG. DIST. NO. 3001	Registrar's No. 20
1. PLACE OF DEATH a. COUNTY <i>Audrain</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Audrain</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Vandalia</i>		c. LENGTH OF STAY (at this place) <i>40 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Vandalia</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <i>213 West Union</i>		d. STREET ADDRESS (If rural, give location) <i>213 West Union</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>Washington</i> c. (Last) <i>Blair</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 26 1949</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 20 1869</i>	9. AGE (In years last birthday) <i>79</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Watchman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Garment Factory</i>		11. BIRTHPLACE (State or foreign country) <i>Schuyler County Illinois</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>				
13a. FATHER'S NAME <i>Soloman Blair</i>		13b. MOTHER'S MAIDEN NAME <i>Mahala Bailey</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Hudson Blair</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>491-149-230</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Mary Blair</i>
				ADDRESS <i>Vandalia Mo</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Apo pley</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arterio sclerosis</i>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>33%</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>May 22</i> , 1949, to <i>May 26</i> , 1949, that I last saw the deceased alive on <i>May 26</i> , 1949, and that death occurred at <i>6:55</i> m., from the causes and on the date stated above.				
23a. SIGNATURE <i>W. H. Bland M.D.</i>		23b. ADDRESS <i>Vandalia Mo</i>		23c. DATE SIGNED <i>5/27/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>May 28 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Vandalia Cemetery</i>
				24d. LOCATION (City, town, or county) (State) <i>Vandalia Missouri</i>
DATE REC'D BY LOCAL REG <i>May 29 1949</i>		REGISTRAR'S SIGNATURE <i>Mattie Ferguson</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Waters</i>
				ADDRESS <i>Vandalia Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 644997

Date Filed JUN 3 - 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Thos B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.