

FILED DEC 15 1947

Registration District No. **1048**

Primary Registration District No. **5466**

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Springfield - S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RURAL ROUTE # 8
(If not in hospital or institution, write street number or location)
(d) Length of stay: 9 years (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME HOWARD BLAIR
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Blair
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased February 21, 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Mt. Vernon, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Coach (retired)

11. Industry or business Professional football

12. Name Harry W. Blair

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Anna Hagamon

15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Blair (wife)

(b) Address Rural Route # 8, Springfield, Mo

17. (a) Removal (b) Date thereof 12/1/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon, Ohio

18. (a) Signature of funeral director Alma Lohmeyer Fun'l Home

(b) Address Springfield, Missouri

19. (a) 12-1-47 (b) W. L. Haverley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL ROUTE # 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1947 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from May 1945, 19____, to November 30, 1947;
that I last saw him alive on November 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with arrhythmia fibrillata

Due to _____
Due to _____

Other conditions: (Include pregnancy within 3 months of death)
Cirrhosis of liver

Major findings: Cirrhosis of liver

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature Paul C. Upshaw, M.D. (M. D. 0)
Address Springfield, Missouri Date signed 12-1-47

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

MOTHER FATHER

DEC 17 1945

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 _____

Julian R. Goodwin

Registered Apprentice No. 473

working under my personal supervision.

Signed

Jewell E. Kandy

Licensed Embalmer No. 2831

P. O. Address Springfield, Missouri

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.