REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21215
Do not use this space.

1. PLACE OF DEATH
(a) County ANDREW — Registration District No. 13
(b) Township NODAWAY — Primary Registration District No. 5016 — Registered No.
(c) City (NEAR) SAVANNAH — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LOREN E. Blair. 46D
(a) Residence, No. NEOSHO MO St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS EULAH BLAIR
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-16-1907
7. AGE: YEARS 31 — MONTHS 2 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TRUCKER
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN KANSAS 1 9

FATHER
13. NAME HARVEY BLAIR
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN 0

MOTHER
15. MAIDEN NAME FLORA BROWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN MO

17. INFORMANT (ADDRESS) MRS LOREN E. BLAIR NEOSHO MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE NEOSHO MO DATE 6-24-1938
19. FUNERAL DIRECTOR (ADDRESS) J. FRED TERHUNE Fred Terhune Savannah MO
20. FILED June 24 1938 Mrs A R King Local Registrar 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:15 A.M.
The principal cause of death and related causes of importance were as follows:
Smashed in truck collision and burned
210 B
Other contributory causes of importance:
Date of onset
Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 23 1938
Where did injury occur? Andrew County 4 mi. N. of Savannah Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
U.S. Highway # 71
Manner of injury Body burned
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Nichols, Coroner, M. D.
(Address) Helena, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, J. Fred Zirhuse, Licensed Embalmer No. 1279

hereby certify that the body was burned recorded on the reverse side of this certificate was and not embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J. Fred Zirhuse

Licensed Embalmer No. 1279

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.)