No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15442

Registration District No. 668 Primary Registration District No. 3033 Registrar's No. 116

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 5 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1721 W. Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Thomas Fair
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 15, 1940 (Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Clarence T. Fair
13. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mildred Michael
15. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Clarence T. Fair (Father)
(b) Address 1721 W. Main, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/41 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill - Sedalia
18. (a) Signature of funeral director Dewane Ewing
(b) Address Sedalia, Missouri
19. (a) 4/8/41 (Date received by local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-7 day 7 year 1941 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from March 27, 1941, to Apr 7, 1941; that I last saw him alive on Apr 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia + Entero-Colitis — Duration
Due to Influenza
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

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 N. T. Bishop (M. D. or other)
Address Sedalia Mo Date signed 4-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3-12-41
Date Filed

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia, Miss

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

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