. No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30804

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2002 Pennsylvania /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2002 Pennsylvania 5
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William E. Stair

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mable Stair

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 10, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	6	hr. min.

9. Birthplace Altamont (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation contractor

11. Industry or business

FATHER
12. Name William H. Stair
13. Birthplace Altamont (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Emma Collar
15. Birthplace (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Mrs. Mable Stair
(b) Address 2002 Pennsylvania, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/19/45 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 9-18-45 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1945 hour 7 minute 40 P M.

21. I hereby certify that I attended the deceased from July 19, 1945 to Sept 16, 1945
that I last saw him alive on Sept 16, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic Valvular Heart	
Due to	4 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92 d

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 [illegible] (M. D. or other)

Address 708 [illegible] Joplin Mo Date signed Sept 17-45

1404

(Licensed Embalmer's Statement on Reverse Side)

45-9-785

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.