

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 12 1945
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 974

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 973 W. Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 37
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2208 W. Walnut
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sarah Blair

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

7. (b) Name of husband or wife Bert Blair / 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased January 10, 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 15 If less than one day
hr. _____ min. _____

9. Birthplace Lathrop, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business In Home

MOTHER FATHER

12. Name William Pleas

13. Birthplace UNK. UNK. ?
(City, town, or county) (State or foreign country)

14. Maiden name Arzella Gordon

15. Birthplace UNK. UNK. ?
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Bert Blair

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Nov 28, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 11-27-45 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25,
year 1945 hour 7:45 minute _____ P.M.

21. I hereby certify that I attended the deceased from Unattended by physician
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death probably cerebral hemorrhage
Duration _____

Due to death preceded by violent headache

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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature W. E. Handley Registrar
(M. D. or other)

Address Springfield Mo Date signed 11/27/45

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

9
2-2-45

984

LV

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 Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.

X