

FILED OCT 27 1947 5

Registration District No. _____

Primary Registration District No. 3036

Registrar's No. 817

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
415 Rock St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Aurora, Mo. /
(If outside city or town limits, write "RURAL.")
(d) Street No. 415 Rock St. /
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jacob L. Stair

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race Wh. 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Elizabeth Stair (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 1 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 3 _____ hr. _____ min.

9. Birthplace Verona Mo. G
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

12. Name W.H. Stair /
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Emma J. Collar
15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Snyder

(b) Address Monette, Mo.

17. (a) Burial (b) Date thereof 9-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director King Funeral Home Aurora, Mo.

(b) Address _____

19. (a) Oct. 13-47 (b) Ora Mc Natt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1947 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from Frank 1946 to Sept - 5 1947
that I last saw him alive on Sept 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 wks.

Due to Arterio-sclerosis - hypertensive heart disease /
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? _____

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

23. Signature A. P. Copeland (M. D. or other) _____
Address Aurora, Mo. Date signed 9-6-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1047-1105

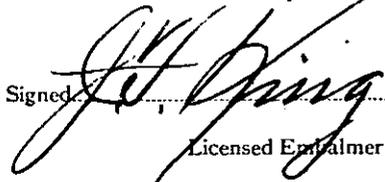
Date Filed OCT 25 1947

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.....

..... Walter S. Cobb, Registered Apprentice No. 94,
working under my personal supervision.

Signed.....



.....
Licensed Embalmer No. 3529

P. O. Address..... Aurora, 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.